

Chemist & Druggist

29 September 1973

THE NEWSWEEKLY FOR PHARMACY

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29 September Vol. 200 No. 4880

The newswweekly for pharmacy

115th year of publication

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Northern Ireland

Member Audit Bureau of Circulations

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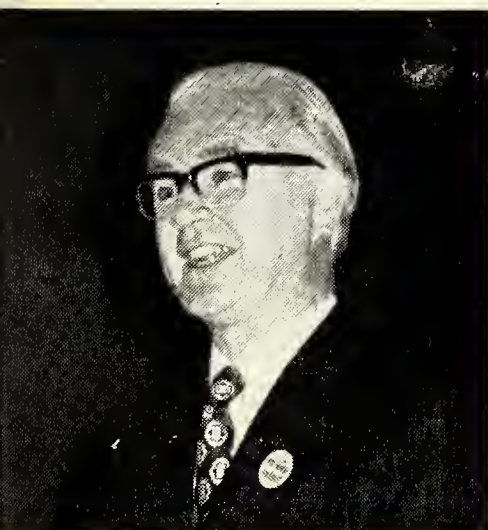
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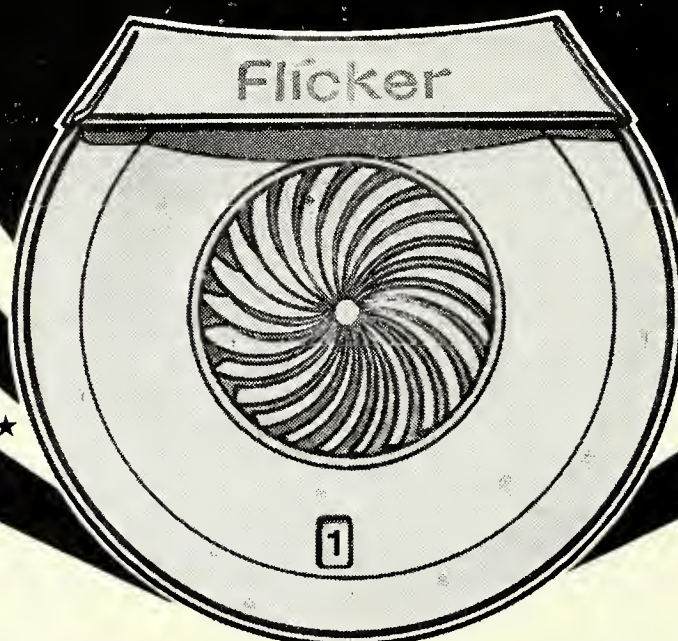
Mr W. A. G. Kneale has high hopes from
European pharmacy (see p 435).

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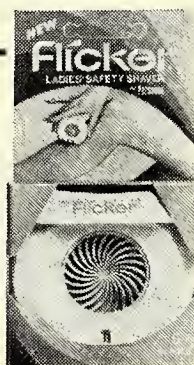


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Comment

European dreams

"The first speaker who has inspired me to anything like enthusiasm about Europe." That is how Mrs A. S. G. Watson described the contribution by Mr W. A. G. Kneale, the NPU's EEC liaison officer, to the Ulster Chemists' Association conference last weekend (see p. 435).

The reason was that Mr Kneale brought out the kind of facts and impressions obtained only by those who have had an opportunity to visit and observe the countries concerned. It is therefore all the more reassuring that the speaker had himself found inspiration in Europe, and signs of a path that could lead to "the profession we dream of". There was also a desire among the people of Europe to be "part of something bigger", he said.

Even Mr A. Howells, who holds office in many pharmaceutical organisations, admitted to having learned something new about European pharmacy. How much more, then, can rank-and-file members learn? And how many of the profession's so-called representatives come back with worthwhile reports on what is happening?

Earlier this year, *C & D's* complaints about the lack of reporting on EEC were followed by a spate of information. Since then, silence. The meeting room doors are once again closed and the profession is left to assume that it must await the details of what is to be considered "good" for it.

We urgently need more reports like that by Mr Kneale, so that all may know what alternatives are open for pharmacy's future. Only then will it be possible to judge whether acceptable choices are being made by the negotiators.

Congratulations

To survive for 50 years is an achievement that should be recognised and acclaimed, especially when the survival is in a difficult arena. We therefore offer our congratulations to the Guild of Hospital Pharmacists, not only for being in existence for half a century but for the tenacity with which the organisation has fought for its members.

It has not been an easy existence. Funds that could and should have supported a full-time secretariat were not available. Membership was comprised of very impecunious pharmacists and individual enthusiasts had therefore to undertake the work of council membership in their own free time.

Throughout the years the Guild has found members who were willing to serve and, although there is a new alliance with the ASTMS that should help to take the organisation through to its century, there will remain a need for those who are willing to accept the responsibility of office. We have no doubt that that need will be met.

Fire drill at Boots'

It was just our bad luck we all chose that particular day to visit Boots' factory at Nottingham. The tour had hardly begun when there was the loud, piercing sound of the fire alarm bell. "Everybody out" was the immediate order of the day, and the whole operation worked like clockwork. It was an unexpected drill of course, but in no time at all the department was empty, and both staff and visitors were outside the building, waiting patiently for the end of the emergency drill.

But the trouble was it kept on happening. Each department was taken in rotation. No sooner did we enter each one, than clang went that blessed bell again, and we were all trundled out on to the grass verge once more. We never did get in to see that second department and it seemed we were in for a disappointing afternoon. Then suddenly I had an idea.

I'd taken my camera with me, not knowing that the taking of pictures inside the factory was forbidden. At the moment it's a new toy, and I'm at the trial and error stage. But now I was outside the factory and free to use it. I've always been a bit of a "try anything oncer" and here was my opportunity. So I darted here, there, and everywhere, taking snaps at different angles, and feeling all the world like a budding Fleet Street photographer. (After all, nobody knew I wasn't and it certainly was a new experience.)

Of course not all the photographs came up to the standard I was aiming at, but I'll tell you one thing. I thoroughly enjoyed my short spell in the limelight, and had a grand time while it lasted. It certainly made my day.

Jean Grant

German enterprise?

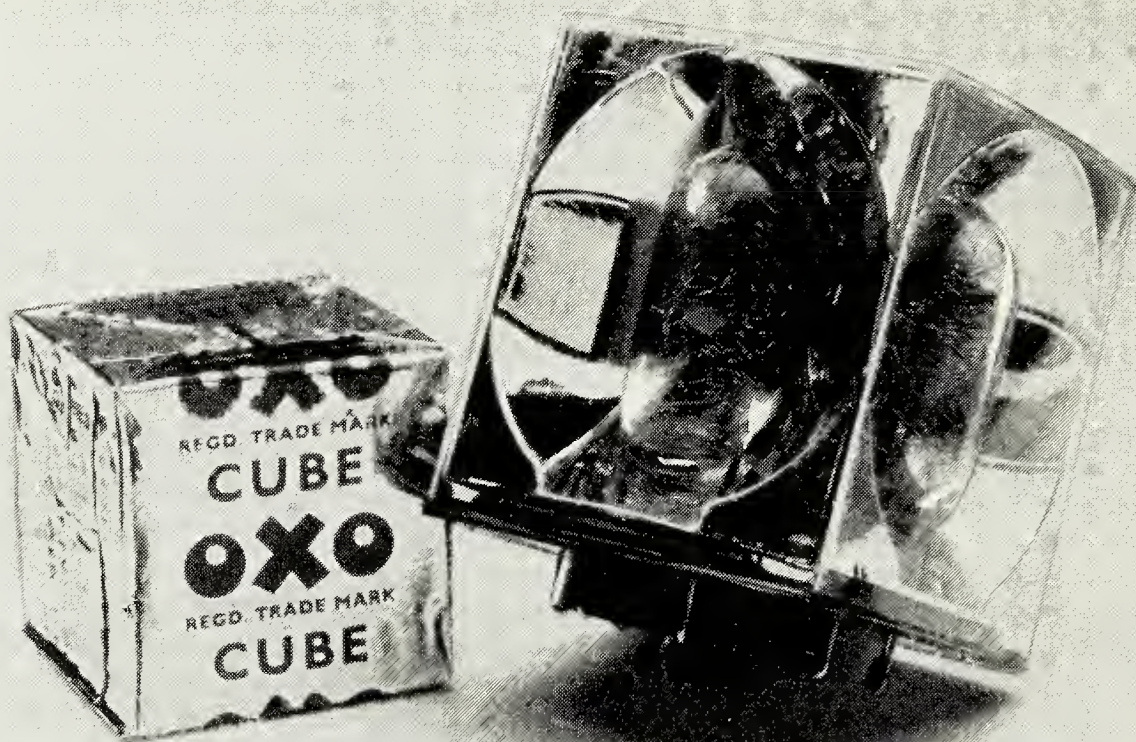
In his paper at the Ulster Chemists' Association conference last weekend (see p 435), Mr W. A. G. Kneale recounted the following example of a pharmacy run by a young German pharmacist in the industrial Ruhr. Five years old, it has a tram stop outside and three doctors practise in the same building. It is ultra-modern in layout with expensive fittings and a carpeted floor. It employs two pharmacists (paid £5,000 with five weeks holi-

day) and has a total staff of 28. Some 12,000 prescriptions a month are dispensed.

In Germany a pharmacist may own only one pharmacy so the young man concerned has built up a small manufacturing business and supplies packed otc lines to 600 other pharmacists. He runs a free prescription collection and delivery service with three Volkswagens fitted with radio telephones. The owner-pharmacist's own salary is in excess of £18,000 and he is currently enlarging the premises four-fold and will have six doctors practising in the building. He is also constructing a modern health centre complete with sauna, massage etc.

It was uncertain whether Mr Kneale put this forward as an example of professional or commercial enterprise!





Atlas Photoflash. The other brand-leading cube.

Atlas are the top sellers across the board in the photoflash business.

They offer more nourishment for the dealer because they offer more nourishment to the user.

The beefy little cube on the right in the picture above, for instance, contains four zirconium packed sub-miniature bulbs that peak to around 130,000 candelas in just 13 milliseconds and stay up there where it counts above half peak for a healthy 15 milliseconds.

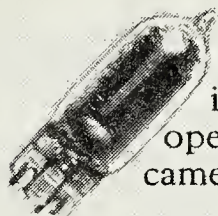
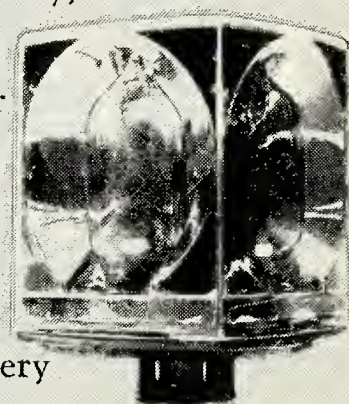
The equally brand-leading Atlas Tru-Flash IB peaks as fast, stays up there as long and socks out 7,500 lumen secs with peak light output of 0.45 megalumens.

While the Atlas Mini-Flash Super AG3B – brand-leader again of course – produces identical performance while operating from a mere 2" miniature camera reflector.

Which brings us, finally, to the Atlas Magicube X.

The brand-leader which is designed specifically for the latest 126 cartridge cameras and all 110 cartridge cameras. Percussion ignited, it needs no battery and peaks in a startling 7 milliseconds. Which is very speedy indeed.

Somewhat like the profits that accrue when you stock Atlas. The brand-leader.



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New Opposition attack on drug industry's profits

"High prices and excessive profits" in the drug industry together with "duplication of research, expansive ballyhooing of drugs which are labelled as new but which are really only minor modifications of old ones and neglect of possible lines of development which would help less common diseases" are matters for concern expressed in an Opposition Green Paper, the report of a working party on "Health Care".

In a further bid for public ownership of the industry, the working party is also worried whether drug firms are able to attract the best scientists into their service. A system which allowed much greater contact both with the NHS and with the universities would offer many advantages". The report is concerned that "the most useful drugs are not necessarily those that are the best in market terms" and "there are far too many adverse reactions being suffered by patients."

Turning to private medicine, the document suggests that until total separation between private practice and the NHS becomes possible, a full economic rental should be charged for all private beds in NHS hospitals, all new appointments of consultant status should be on a full time basis and the indirect subsidy of private practice by means of the tax relief enjoyed by employers on group subscriptions for medical insurance should cease.

Mr S. Blum, secretary of the Socialist Medical Association's pharmacy group told *C&D* that proposals introduced by the Association in November 1972 concerning nationalisation of pharmacies have not yet been discussed officially by the Labour Party itself, but presumably, if accepted, they will appear in a later report.

The party's regional council published a pamphlet this week called "It's your future" in which they recommend the nationalisation of parts of the drugs industry "which has grown fat on the profits of the NHS".

Sunday paper describes pharmacist's survey of 'blank cheque' scripts

Doctors who sign 'blank cheque' prescription forms" is the title of an investigation in last Sunday's *Observer*.

The article describes a survey carried out by a pharmacist, Allan Crossley, Rochdale, Lancs, of prescriptions dispensed over one month at pharmacies in which he worked as a locum. He claimed that on average 30 per cent of all prescriptions had been written by someone other than the doctors whose signatures were given. Conversations with receptionists led him to believe that a proportion had been written on pre-signed forms without a later check by the doctor.

Mr Crossley is quoted as saying that "errors abounded in the forms not written by doctors" and that one doctor left a pad of 100 pre-signed forms at the pharmacy with instructions for the prescription to be written by the pharmacist for certain named patients, a practise which Mr Crossley believes encourages theft from pharmacies.

The article also quotes Mr Albert Howells, a member of Council, as saying that the Pharmaceutical Society deplores the practice of leaving pre-signed forms at a pharmacy and that plans for doctors to be supplied with prescription forms in triplicate are under consideration.

BBC to screen two medicines documentaries in same week

Two documentary programmes on drug use and safety are to be shown on BBC television in the same week next month.

The first programme, scheduled for October 23 in the BBC-1 "Tuesday Documentary" spot will be a review of medicines taken in this country, why they are taken and abuse of common drugs, eg analgesics and barbiturates. The second programme compares the drug safety committees in the UK and the US. It attempts to evaluate the advantages and disadvantages of both systems by examining "disasters" avoided in one country but which occurred in the other and will be screened on October 26.

Mr M. Jackson, the programmes' producer told *C&D* this week that the programmes were in the process of being edited and had not yet been given full titles. One of the items which may be included is a report on Ipswich where doc-

tors voluntarily agreed to reduce the prescribing of amphetamines some years ago. The programmes will be presented by Mr Christopher Brasher.

□ Arthur Lowe will play the part of Louis Pasteur in a six part series on the lives and work of famous scientists—"The Microbe Hunters"—to be screened on BBC-2 television this autumn.

Same standards for radio as for TV

Advertisements for all products to which any health claim is attached will need to conform to the same standards for radio as they do at present for television.

The Independent Broadcasting Authority annual report and accounts 1972-73 says that no advertisement for medicines, toiletries for which therapeutic claims were to be made, dietary foods and veterinary products will be accepted without prior approval of the Authority's staff and medical advisory panel.

The IBA received few complaints concerning the television advertising of family planning advisory services in four areas. The report says that members of the advisory council, although not in favour of advertisements for contraceptives, feel that advertisements for the availability of family planning services should include a strong encouragement to use them and that consideration should be given to accepting advertisements about methods of contraception.

Guild's 50th year

The 50th anniversary of the Guild of Hospital Pharmacists was celebrated with a cocktail party at 17 Bloomsbury Square last week. Mr J. G. Roberts, president, welcoming guests pointed out that there were no fewer than 14 past presidents of the Guild at the celebrations. During his relatively short period of service he had realised how much time and energy the Guild's officers had freely given to the organisation, and he wished to publically acknowledge their efforts. The anniversary cake was cut by Miss M. C. Islip.

Sale terms soon for Society's House

A letter, setting out the terms on which the Government will be prepared to acquire the Pharmaceutical Society's Bloomsbury properties is expected shortly, reported the president, Mr D. E. Sparshott, at the Society's September council meeting. He said that as soon as the letter was received a special general meeting of members would be called to approve the terms of the sale.

No observations had been received following the notice of a proposal to alter the By-laws Section XXIV (3) and (4) published in July stated Mr D. F. Lewis, the secretary and registrar. The purpose of the alteration is to extend the application of the present premises fees for a further year or until such times as fees are prescribed by the Minister of Health under the Medicines Act, 1968, if that is

done to take effect before December 31, 1974. The Council decided that the by-laws should be so altered and submitted to the Privy Council for confirmation and approval.

Mr Lewis reported the deaths of Miss Marjorie M. H. Marrable, formerly one of the Society's agents and Sir Ram Nath Chopra of Calcutta, aged 90, an honorary member of the Society. Sir Ram retired as director of the School of Tropical Medicine in Calcutta in 1941.

Those present at the meeting included Mr J. Stewart (chairman, Scottish Department Executive), Mr R. J. Semple (president, Pharmaceutical Society of Ireland), Mr J. G. Coleman (secretary, Pharmaceutical Society of Ireland), and Mr S. J. Wilson (president, Pharmaceutical Society of New Zealand).

'Unique' service advertised: pharmacist reprimanded

A Poole pharmacist, Mr Edward Thornton, was reprimanded by the Pharmaceutical Society's Statutory Committee last week for the way he advertised his "unique" late opening dispensing service. He appeared following complaints from other chemists in the area.

The Committee's chairman, Sir Gordon Willmer, said he was a professional man who had gone beyond the bounds of what should be permitted. The announcement of the opening of the pharmacy in the *Bournemouth Evening Echo*, in January went "substantially beyond" that which the Society thought permissible. The committee could not accept Mr Thornton's argument that because he was giving an unusual service he was entitled to advertise in an unusual way.

'At expense of other chemists'

Mr John Peppitt, presenting the facts to the committee, claimed the advertisement was "a bare faced extolling" of Mr Thornton's professional services at the expense of other chemists in Poole. He placed the advertisement "with his eyes wide open", knowing precisely the Society's feelings about advertising.

The advertisement announced the opening of a 12-hour "personal and specialised" prescription dispensing service, devoted entirely to the prompt preparation of prescription medicines. It described the extended opening hours as "unique" and said that the duty pharmacist would be pleased to advise on minor ailments.

"This advertisement offended against the letter and the spirit of the guide lines," said Mr Peppitt. It was too big, it was in no sense discreet and was not confined to the points the Society's statement on professional conduct advised, nor could it properly be included in an advertisement by one of its members. The phraseology clearly inferred comparison between Mr Thornton's pharmacy and others, in the area, added Mr Peppitt.

Complaints

Mr J. Dale, secretary of the Ethical Committee, said copies of the advertisement had been sent to him by eleven local pharmacists including two who were officials of the Society's local branch.

Mr Thornton, who also has a pharmacy in East Street, Blandford, told the Committee that only two multiple chemists remained in Poole's town centre. He was on delicate ground in opening a new shop there and was anxious that it would be a success.

Because the pharmacy was a new concept he felt justified in mentioning a little more than name and address. Mr Thornton added that in his enthusiasm he might have "over stated" the advertisement and he apologised for this. But he said, with-

out enthusiasm and hard work there would be no dispensing service in Poole each evening until 9pm.

Mr Thornton said the Society's statement was only a recommendation and a guide for normal pharmacies. He did not regard his pharmacy as "normal". It was better equipped for dispensing than the average pharmacy in Poole.

The Committee dismissed a further complaint that Mr Thornton had canvassed for business by distributing cards to a nearby doctor's surgery intending to draw attention to the pharmacy.

Compassion bettered judgment

A 69-year-old pharmacist was reprimanded for supplying Sodium Amytal capsules without a prescription.

Mr Stanley Gordon Simpson, proprietor of the Weast Pharmacy, Eccles New Road, Weast, Salford, admitted to having been convicted of two offences and that he had been supplying the capsules for a number of months to a 73-year-old man, a one-time resident in a nearby old people's home who went to his shop on errands for other residents of the home.

Mr C. Smith, counsel for Mr Simpson, said there was no suggestion of drug peddling. There was no financial gain because

Mr Simpson had charged rather below the normal price.

Sir Gordon Willmer said Mr Simpson had a good record and was well spoken of by his associates and local doctors. One of the testimonials before the Committee seemed to sum up the matter correctly by saying "he allowed his compassion for this old man to get the better of his judgment."

No further action was taken in the cases of three pharmacists whose assistants sold Part 1 poisons in their absence. The Committee decided to re-open its inquiry at a later date into an infringement of the Therapeutic Substances Act whereby an assistant sold a tube of Betnovate cream without a doctor's prescription.

Citric acid from cotton leaves in India

Cotton leaves can be used as an economic source for the production of citric acid, according to a team of research workers at the Indian Agricultural Research Institute which studied the "utilisation of by-products of cotton".

The research project, sponsored by the Indian National Science Academy, was undertaken in collaboration with the Soviet Usbokistan Academy of Science and the Indian Council of Agricultural Research. India imports to meet its requirements for citric acid—Rs 6 million worth between April and December 1971 and that figure is on the increase.

Dr S. K. Mukherjee of the Institute's agricultural division said the team examined leaves of various varieties of cotton grown in different regions in India and came to the conclusion that southern varieties were richer in citric acid content than other varieties.

Low dietary fibre blamed for gut disorders

Unprocessed bran is a far better and cheaper recommendation than laxatives according to Mr Neil Painter, senior surgeon, Manor House Hospital, London.

Speaking at a symposium "The Man/Food Equation" sponsored by the Bio-Strath Foundation last week, he recommended the daily addition to the diet of 2g cereal fibre in the form of bran and wholemeal bread. Mr Painter described how replacement of dietary fibre produced a dramatic relief from symptoms in patients suffering from diverticular disease of the colon. Surgery was thus avoided in patients who had previously suffered severe pain. The fibre deficiency causes such disruption to the lower bowel there is every reason to believe that lack of fibre is also harming the upper bowel, he said.

Mr Dennis Burkitt, Medical Research Council, feels that fibre deficiency is also responsible for appendicitis, cancer of the large bowel, polyps and hiatus hernia—all diseases common in Britain and N. America but unknown throughout rural Africa where the fibre content of the diet is high.

He blamed the delay in passage of food through the intestine as being responsible for the increased bacterial breakdown of bile acids producing carcinogenic substances and also the increased intra-

abdominal pressures which "blow out" the gut wall causing diverticular disease. An African villager's meal takes about 35 hours to pass through his intestine whereas the highly refined UK meal takes twice as long.

A possible relationship between food additives and behavioural disturbances in man was described by Dr Ben Feingold, Kaiser Permanente Medical Centre, San Francisco.

Tartrazine, or Yellow No 5, an azo dye, has been shown to induce adverse reactions in aspirin sensitive subjects. When given a salicylate free diet, that is one also free from natural foods containing salicylates eg apricots, apples etc, the same subjects experienced an improvement in various respiratory, gastro-intestinal, skin (pruritus) and neurological complaints.

Children with hyperkinesia and learning difficulty showed a great improvement in scholastic ability on a salicylate-free diet extended to exclude all artificial flavours and colours. Symptoms reappeared as soon as the children returned to their former diet. Dr Feingold feels there is strong evidence linking the rising incidence of hyperkinesia in school children in the USA with increased ingestion of food additives, although certain genetic factors may also be involved.

NI survey: further details

Further details have been released for the Northern Ireland Pharmaceutical Society's survey of the role of the pharmacist within the community (see *C&D* September 5, p 335).

To be carried out on three days during the period October 8 to 13, the survey consists of three sections each having a separate type of form. One copy of form 1 is for completion at the close of business on each day of the survey and will give details of the number of prescription items dispensed on that particular day and the number of items which required special treatment. One copy of form 2 is for recording the sale of medicines by product name on each day of the survey and will be used to enter up the sale (including medicated shampoos) at the time each sale takes place. Form 3 is to be used as an individual "case sheet" for each request from a member of the public for help or advice from the pharmacist. A new form should be used for each request and filled in immediately after dealing with the request.

The use of code numbers will ensure that all information will be kept confidential and participants are asked to check that there is a code number at the top left-hand corner of each form they use and to add their code number should it be missing from any of the forms. They are also asked to complete the "location and type" box at the top right hand corner of form 2.

The forms should be returned to Professor D'Arcy at 40, Elmwood Avenue, Belfast, by October 22. The following members of the Society have agreed to help any member requiring assistance with any aspect of the survey: M. B. Falls, Brookstown 2653; W. J. Bolan, Ballymena 713; E. G. Mackle, Newry 2150; R. J. White, Coleraine 3177; T. M. Glass, Maghera 277; W. S. Hall, Larne 2112; G. M. Armstrong, Carrickfergus 3200; J. Dennison, Lurgan 2814; Wm. C Magee, Carragh 235; F. M. Kerrin, Enniskillen 291; J. Kerr, Belfast 665823; W. C. Cooper, Belfast 743506; J. W. A. Shinner, Belfast 76512; D. Corbett, Belfast 658530; R. Fogarty, Limavady 2832.

Companies registered for VAT purposes as groups

Companies registered as groups for VAT purposes were required to provide certain figures on Form VAT 101 quarterly for Customs and Excise statistical information. Now, after consultation with the Confederation of British Industry, these requirements have been considerably modified and the return will be required annually.

The VAT 101 need not be completed if the total turnover in the group is less than £1m nor if all companies within the group

A recent competition featuring new Aquafresh toothpaste and staged jointly by Beecham Proprietaries with Westons (Chemists) Ltd, proved highly successful. Pictured right in Westons', Church Road, St. George, Bristol, is the winner, Mr F. J. Watson being presented with his prize of a television set by Mr Bill Downe, Beecham sales manager.



are in the same trade classification nor for any company within the group registration whose turnover is less than £250,000. The form will be issued to companies registered as groups annually in May, 1974.

The latest *VAT Bulletin* (No 9) refers to the difficulties some registered traders have experienced in obtaining properly prepared tax invoices from their suppliers. Registered persons are reminded that there is a specific legal requirement for them to issue a tax invoice for each taxable supply (other than a zero-rated supply) made to another taxable person. The Bulletin also carries a separate article about invoices issued by retailers for amounts over £10.

'Keep record of expensive prescriptions in the post'

Chemist contractors are being advised to keep a record of any expensive prescriptions dispensed, before submitting them to the Pricing Office.

The annual report of the Middlesex Pharmaceutical Committee gives the advice because if a bundle of prescriptions is lost in transit to the Pricing Office, a recompense payment of the average value of prescriptions for previous months only can be given. However, a pharmacist who did keep a copy of expensive prescriptions managed to obtain £100 above the sum first suggested in settlement of his claim. The committee also recommend inclusion of a stamped addressed postcard for acknowledging receipt of the prescription bundle by the Pricing Office.

The report records a total reduction of 19 premises to 505 on Middlesex Executive Council's dispensing list in the year up to March this year. The non-dispensing list included two drug stores and 59 appliance contractors. A total of 12,052,765 prescriptions were dispensed in the year, with total prescription costs of £9,973,899.

The average prescription cost was £0.827.

Changes reduced the total number of rotas from 71 to 67 with 313 premises taking part. £17,058—a decrease of £1,615—was paid to contractors for such duties. The rota service on Saturdays was suspended in a number of instances as nearby

doctors did not have consulting hours on that evening.

The Pharmaceutical Committee considers that there is no need for pharmaceutical departments to be included in any future health centres in the committee's area, states the report.

They feel the present number of pharmacies and their dispersion is sufficient to meet all dispensing demands. The view has been accepted by the health centres committee of the Executive Council.

Glaxo's generosity

Glaxo were thanked for their "generous gesture" in making awards at the Glaxo British Science Writers Fellowships presentation ceremony in Stationers' Hall, London, last week.

Mr J. G. N. Drewitt, group personnel director, Glaxo Holdings Ltd, presented the national award to Mr J. Maddox, chairman of Maddox Editorial Ltd and former feature editor of *Nature*. In thanking Glaxo, Mr Maddox said that the awards helped to create standards for scientific writing and they were admired in other countries.

The other winners of the £500 awards were Mr A. Nesbitt, senior producer, science and features department, BBC TV (radio and television award); Mr G. Lean, feature writer, *Yorkshire Post* (regional award); and Mr C. Tudge, biology consultant, *New Scientist* (trade, technical and house magazine award).

"Improve safety" warning

The Chief Inspector of Factories, Mr Bryan Harvey, warns managers in industry that they must improve safety organisation. In the introduction to his annual report for 1972, published last week, he says: "I am not simply trying to exhort managers to improve their safety performance. I am serving notice on them that the Inspectorate will be concentrating more and more on their deficiencies in the areas of safety organisation, training and supervision and less on the symptoms of their failure". (Annual Report of HM Chief Inspector of Factories 1972. Cmd. No. 5398. HM Stationery Office. price £1.)

Monopolies review cites Roche case

An independent study by the Institute of Economic Affairs of recent Monopolies Commission investigations features the recent Roche Report.

The purpose of the study, published this week, was to raise the question whether Britain's monopoly policy effectively met the Government's declared objective of 'a properly designed framework of law—a competitive policy'. The report concludes: "The Fair Trading Act improves the administrative machinery. But it leaves the issue of objectives and methods largely open. If there is to be a departure making competition policy a central feature of endeavours to improve economic efficiency, the first essential is the will to pursue such a policy. And, if this exists, major reforms are required to give effect to it in the framework of laws and policies that condition the working of the economy and in the aims and methods of monopoly investigations."

In the case of Roche, the report says: "The exceptional steps taken by Roche to try and obtain a review of the statutory order for price reductions—is that there is no provision for appeals against orders made following a recommendation by the Commission. This is in contrast to US and EEC monopoly legislation which provides for appeals against decisions of the controlling authority."

Considered as a technique of economic research, the Commission's procedures are open to criticism because the arms-length method of written questionnaires sent to the firm, with the firm's staff left to compile the answers, is not an effective method for concentrating on essential issues or applying professional techniques."

"Which way monopoly policy", Institute of Economic Affairs, 2 Lord North Street, London SW1, price £0.75.

Chemical industry opts out of levy-grant

An "encouraging start" to Chemical and Allied Products Industry Training Board's optional alternative to levy/grant is mentioned in the report for the year ended March 31 1973. The voluntary transition from the grants scheme to training development review, which is the Board's business-orientated approach to levy exemption for firms meeting their own training needs started on August 1 1972 in advance of the statutory exemption being introduced in the new Employment and Training Bill.

Nearly 80 per cent of the firms qualifying, covering over 50 per cent of the employees in the industries in scope to the Board, opted for the new approach. The programme of reviews is said to be receiving a favourable response from firms

and more transferred to the Review situation in August 1973.

The year saw an increasing demand for in-depth studies in firms as a result of which the Board's advisory staff is being increased. Another notable feature has been further expansion of in-company seminars tailor-made by Board staff to meet individual firm's needs.

Indian pharmacists to merge their organisations

A two-day joint meeting of the three All-India organisations of chemists and druggists has decided to merge their units to form a single national body to "serve the trade more effectively".

The meeting which concluded in Madras, set up a 15-member committee consisting of five members from each of the three organisations—the All-India Federation of Chemists and Druggists, the All-India Retail Chemists' Association and the Indian Organisation of Chemists and Druggists.

Irish News

Assistant fined — no pharmacist

A registered Assistant had been in charge of a pharmacy premises for a number of months without a pharmacist being employed, it was alleged at Loughrea, co Galway, Court recently.

Mrs Mary M. Dillon-Barry, Barry's Medical Hall, Main Street, Loughrea, was summoned by the Pharmaceutical Society of Ireland under section 17 of the Pharmacy Amendment Act 1890, and section three of the Pharmacy Act, 1962. District Justice McGrath fined her £15 for having the title, Medical Hall, displayed, and £5 under the 1890 Act. The Society were awarded £20.20 costs.

Irish Council candidates

The candidates for election to the Council of the Pharmaceutical Society of Ireland are: Mr J. Brady, Dr W. E. Boles, Mr W. J. Butler, Mr O. P. Corrigan, Mrs K. O'Sullivan, Mr A. J. Quirke and Professor R. F. Timoney, who are all retiring members, and Mr J. Harrett. The election will take place on October 1.

Market survey warning

It has been brought to our attention that a person or persons purporting to be carrying out research on behalf of C&D have telephoned manufacturers during the past two weeks. The Editor confirms that only research by the Dr A. F. L. Deeson organisation has been authorised.

Letters

Qualification

Further to your "Comment" last week, I would say that the thesis of Dr Perry that the professions' qualification should be at a lower level with refresher courses is irrelevant. The course is a hurdle which one must leap before being allowed to practise; this is common to all professions.

In fact the course should, but does not prepare one for retail pharmacy. In general I would say that the course is self designing, partly with the agrandisement of the teaching department in mind. The harder and more abstruse the course the greater the prestige to the department concerned.

The course should be designed exclusively with retail practice in mind. Anyone wishing to study a different subject should do so, and not be deluded into thinking that pharmacy is a many-sided scientific subject with wide openings elsewhere. Missing from the course are the subjects which take up 90 per cent of our time — a detailed knowledge of the workings of the health and social services, commercial practices such as banking, accounts, stock control, etc, and last but by far from least, a good grounding in sociology and psychiatry. Any academic who suggests that all this should be absorbed during an apprenticeship is wrong.

K. Hampson
Godstone, Surrey

Letter bomb scares

Is it possible to publicise in your magazine the suggestion that all companies sending correspondence, etc, should put their company stamp on the back of the envelope? We think this would be a simple way of detecting genuine letters.

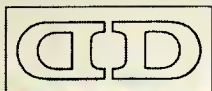
R. D. Edwards,
General manager,
Frischers Ltd
King's Lynn, Norfolk

News in brief

□ Agreement for the formation of a European Science Foundation was reached on Tuesday between agencies in 16 European countries. It has been ratified by the EEC Commission, which last year issued an edict concerning the fostering of research in the "nine".

□ The American Society of Hospital Pharmacists' computer-processable Drug Products Information File will be employed to help evaluate and select drugs for the United States Pharmacopoeia.

□ The diamond jubilee convention of the US National Association of Retail Druggists will be held in Portland, Oregon, USA, on October 14-18.



DENDRON

Limited Pharmaceutical, Cosmetic and Toiletry Products

Dear Sirs,

Dendron is the Greek word for tree, and like a tree we are branching out to bring you an even wider range of products - all fast-selling, profitable lines for any chemist.

Dentinox - the brand leader

DDD - in a bright new pack

Medijel - selling fast in a growing market

2nd Debut - the only moisturiser with CEF

Blisteaze - for treating cold sores

Nu-Nale - the complete nail care range

Weleda - pure and natural toiletries

Wate-On - for your underweight customers

Perform - hair setting lotion that holds its promise

We may have changed our name but we are still the same company that has given you friendly and efficient service in the past, and we shall continue to do so in the future.

If our representative does not call on you, 'phone Jean Wicks at Watford 29251 who will be pleased to arrange a visit.

Yours faithfully,

F. R. STERLING
SALES MANAGER.



3 out of 5 of your customers will be reading about this product

- * Full colour national launch in leading women's magazines from now until December.
- * 12 shades covering every hair colouring requirement.
- * Shade selector shelf strip and colour selector are available.

Buy in now and count the benefits

1. ☒ Up to 85% profit on cost even on 2-dozen order.
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**Regular bonuses also available on these lines
in addition to normal trading terms of up to 12½%**



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32 Dover Street, London W1X 3RA

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Trade price 15p. R.S.P. 23½p.



**PERMANENT HAIR COLOURINGS –
COLOUR CREME.** 100% coverage on
any amount of grey. 28p each.

RAPID. The most popular black
on the market. Plus all shades. 22p each.



**LIGHTENER –
HI-LIFT.** Lanolised ultra-bleach
for all shades of blonde. 16p each.



**SHAMPOO –
PEACH NUT OIL SHAMPOO.** Ideal
for dry or normal hair. Sachets
38p doz. 90cc bottles £1.74 doz.
200cc bottles £2.64 doz.



**CONDITIONER –
PEACH NUT OIL CONDITIONER.**
For dry and out-of-condition hair.
Tubes £1.16 doz. Sachets 55p doz.

**SETTING LOTION –
INECTOSET.** 3 strengths – for normal,
hard-to-hold and greasy hair. 60p doz.



* Current 14 to dozen bonus

People



Mrs Lesley Cowcill, Hassall Road, Sandbach, Cheshire, an assistant dispenser at W. Stanier, 17 Hightown, Sandbach came third out of 21 area finalists in the *Daily Mail* woman driver of the year competition. Mrs Cowcill won a Ford Escort 1100 two-door saloon after a nearly 800 mile three day rally from Scarborough via Nottingham, Maidstone and the south coast to London.

Mr R. Clitherow MPS has been appointed to the Liverpool area health authority, and **Mr L. W. J. Simpson MPS** to the Devon area health authority.

Mrs Alice Greenwood FPS, Blackpool, a member of National Association of Women Pharmacists, has been elected chairman of the Lytham St Anne's Standing Council of Women's Organisations.

Mr Richard Haigh, who in 1937 first began to manufacture Garotta compost maker, is retiring from active business at the age of 78. He will hand over the managing directorship of Garotta Products Ltd, Luton, Beds to his son, Richard Murton Haigh, but will continue in the capacity of chairman.

Deaths

Judge: Recently, Mr Edgar Wilfred Judge, MPS, 30 Mill Drove, Bourne, Lincs, aged 82. Mr Judge qualified in 1914 and later took over his father's pharmacy in North Street, Bourne. After serving in the 1914-18 war with the Royal Army Medical Corps he worked in London, Sidmouth and Leicester before settling in Bourne. He was a founder-member of the Bourne branch of the St John Ambulance Brigade and the first divisional superintendent and he was also a serving brother of the Order of St John.

Topical reflections

BY XRAYSER

Co-operation

In the discussion following the second professional session at the London Conference, Mr J. C. Bloomfield referred to "friction" between the pharmaceutical industry and general practice pharmacists. Mr S. M. Peretz, who delivered one of the papers, preferred "misunderstandings". Mr Peretz said that from the general practice pharmacist's standpoint there was no doubt that his increasing dependence on the pharmaceutical industry could seem to be unpalatable, and that the situation was not helped by the industry's overtones of big business and a marketing approach to the medical profession which appeared to by-pass the pharmacist altogether.

That was a concise summing-up of the situation, for industry sees very clearly that the success of a product rests in the hands of the doctor. The marketing approach takes many forms—by mail, by sample, by calling at the surgery and, on occasion, by a short illustrated lecture held at lunch-time in a hotel. The pharmacist stands outside of that kind of big business and marketing approach. The whole purpose of such methods is to sell the company's products, and in a highly competitive industry in which vast capital is invested the approach is natural, even if a rating in the "top ten" savours more of the world of "pop" than the serious matter of the health of the nation.

I have, therefore, no difficulty in agreeing with Mr Peretz when he says: "It is surely understandable that the main weight of the industry's marketing effort should be aimed at the medical profession who alone are in the position of prescribing the company's products." But the concentration of effort in that direction should not result in neglect of the pharmacist who, after all, has to pay for stocks frequently far in excess of the doctor's ultimate needs. There are a few representatives (or should I now describe them as "clinical executives", as one did recently?) who call and discuss new products before visiting the doctor, and I never fail to give them my attention, but the industry would recognise that such a call is aimed at the wrong target. I am not finding fault with Mr Peretz's assessment of the situation. It is inescapable.

Containers

I was pleased to see that both Mr Peretz and Mr W. A. Beanland devoted attention to the subject of packaging—a subject which has not gone unnoticed in this column. I agree so completely with Mr Beanland that I might almost have written the paper myself. We are in full accord, though I have not referred to the question of adhesive on labels—adhesive "more permanent than permanent", as Mr Beanland aptly put it. (I offer him "adult-proof" containers in exchange.)

Whether the adhesive is to ensure adhesion, or is a step toward original pack dispensing is perhaps a matter for argument. I have tried razor blades, spirit, acetone, amyl acetate and chloroform and have frequently given up the unequal struggle and transferred the contents to an ordinary bottle, discarding the container which may be ideal for the purpose. My early training prohibited two labels appearing on the same bottle, and commonsense suggests that there was a good deal to be said for the injunction, for two sets of directions lead to confusion. Co-operation is essential, but it requires a listening ear—and Mr Beanland will need full volume.

□ The index of retail prices for all items for August was 180.2 (January 1962=100), representing an increase of 0.3 per cent on July (179.7). The index for all items excluding food in August was 175.7 — an increase of 0.4 per cent on July.

□ A theory that high doses of vitamin C may reduce fertility in women is put forward by a correspondent in last week's *Lancet*. It may antagonise formation of glycoprotein micelles (essential for sperm penetration) in the cervical mucus.

Trade News

Mac Night Nurse moves to London

Beecham Products, Great West Road, Brentford, Middlesex, are extending their cold remedy, Mac Night Nurse, into the London TV area. Designed specifically to relieve all the symptoms of a heavy cold during the night enabling the sufferer to get much needed sleep, Mac Night Nurse contains paracetamol, promethazine hydrochloride and pholcodine. It is therefore restricted to chemists.

Mac Night Nurse was launched in January 1973 in the Southern TV area, supported by a 30-second commercial. The test market was a tremendous success, say Beecham, and the product was a virtual sell-out. Research has confirmed a high level of intention to re-purchase among consumers. The extension into London is supported by two four-week bursts of heavy advertising, through November and January.

Available through NPU

The NPU group have completed arrangements with the manufacturers of the Nell-dorn Security Cabinets (described in *C&D* August 25, p 254) to be supplied to NPU members at a discount of 10 per cent for orders placed with Mallinson House before October 31, and thereafter 5 per cent.

Polaroid gifts for Christmas

Two of Polaroid's best-selling instant picture cameras, the Super Swinger, and the Square Shooter 2, are being packaged in special gift sets for Christmas, as well as being available in their usual "camera-only" packs. The display outers of both gift sets contain transparent camera stands which facilitate the use of the gift set for window and in-store counter displays. The new Super Swinger set, (£8.12) contains a pack of Type 87 Land film and five AG3 flashbulbs as well as the camera offering the Christmas buyer everything needed to shoot and see Polaroid black-and-white instant pictures on Christmas morning. The Square Shooter 2 set (£14.43) contains the camera, one pack of Type 88 colour film and two 4-shot flashcubes. (Polaroid (UK) Ltd, Rosanne House, Welwyn Garden City, Herts).



Lipsaver goes tangy

Lipsaver, the lip moisturiser from Menley & James Laboratories Ltd, Welwyn Garden City, Herts, adds a fourth flavour to its range. The flavour, orange mint, was chosen after a country-wide tasting survey. A new dispenser in bright orange plastic with only 6½ ins frontage provides the opportunity to display all four Lipsaver flavours—wild cherry, spearmint, lime and orange mint. An advertising campaign, starts in October "will put Lipsaver in front of 29 million people, some 17 times" using national women's magazines.

Normacol-X tablets change

Norgine Ltd, 26 Bedford Row, London WC1R 4HJ, are replacing the oxyphenisatin acetate 25g tablet in Normacol-X with one containing danthron 200 mg. The makers say that long-term administration of oxyphenisatin has been shown to cause liver damage in a small number of patients although no such reaction has been reported with the occasional doses used prior to radiography.

The tablets in new formula Normacol-X are orange and the polythene bag is tinted orange. The price is unchanged.

New Radox fragrance

Nicholas Products, 225 Bath Road, Slough, Bucks, manufacturers of the Radox range of bath products have now introduced a new fragrance to their liquid Radox. The latest addition is lemon and lime fragrance which will be supported by a national TV campaign in October. An introductory bonus offer on all fragrances of 12 invoiced as 10 is available.

Procol repackaged

Menley & James Laboratories Ltd, have repackaged Procol. The name is now printed in bold white type across the capsule wallet and the new slogan reads "Procol takes care of cold symptoms".

Yardley lipstick commercial

An 80,000 national television advertising campaign for Yardley Suki Pearl lipsticks commences on September 26 for two weeks.

The 30 second commercial has been produced by J. Walter Thompson and will be seen on all channels. It features the new Suki Pearl lipsticks — two shades

called Persian Silk and Pink Musk — although the copy does not mention the colours themselves.

Ayds Midlands TV campaign

Following a major consumer survey in slimming, Cuticura Laboratories Ltd, Clivemont Road, Cordwallis Trading Estate, Maidenhead, Berks, have begun a new Ayds television campaign in the Midlands. The commercial will run until October 22.

The film features Mary Boyce, a student who has recently lost weight using Ayds under the guidance of the Society of Serious Slimmers. Her weight, authenticated by a physician, was before the Ayds calorie controlled diet 10st 8lbs and after 8st 7lbs.

The commercial follows the same format as Press advertising, showing Miss Boyce despairingly trying to buy decent clothes, discovering Ayds, finding she can resist fattening foods and finally able to buy up-to-date clothes. The press campaign will continue in the national Sunday papers until October 28.

Parke-Davis increases

Price amendments on the following products manufactured by Parke-Davis & Co, Usk Road, Pontypool, Mon NP4 8YH, have been cleared by the Department of Health under the terms of the voluntary price regulation scheme:—Alophen, Benylin with codeine, Chloromycetin ophthalmic preparations, Epanutin, Metatone and Ponstan. Further details will be published next week.

Bonus offers

Avlex Ltd, ICI Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire. Savlon barrier cream. 12 invoiced as 11 from wholesalers.

on TV next week

Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Grampian; E — Eireann; CI — Channel Islands.

Anadin: All except E

Aquafresh toothpaste: Y, WW, NE

Ayds: M

Brut 33: All except G, E, CI

Close-up: All areas

Comb-on mascara: All except E

Crest toothpaste: Y

Gilt Edge shaving foam: Ln, M, Lc, So

Macleans Freshmint: All except Y, NE

Max Factor "Your plan for beauty" book All except E

Old Spice after-shave: All areas

Pears soap: M, Lc, Sc, WW, NE, We, B, G

Powder Twist eye shadow: Ln, So

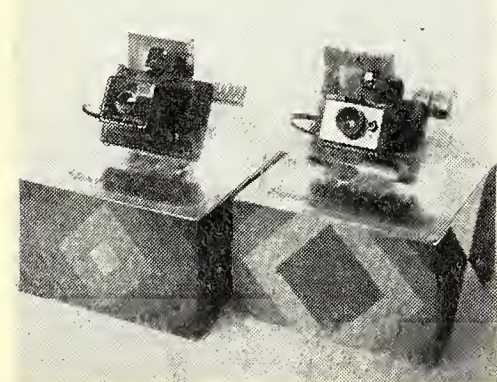
Reban shampoo: Ln, M, Lc, Y, NE

Three Wishes foam bath: All areas

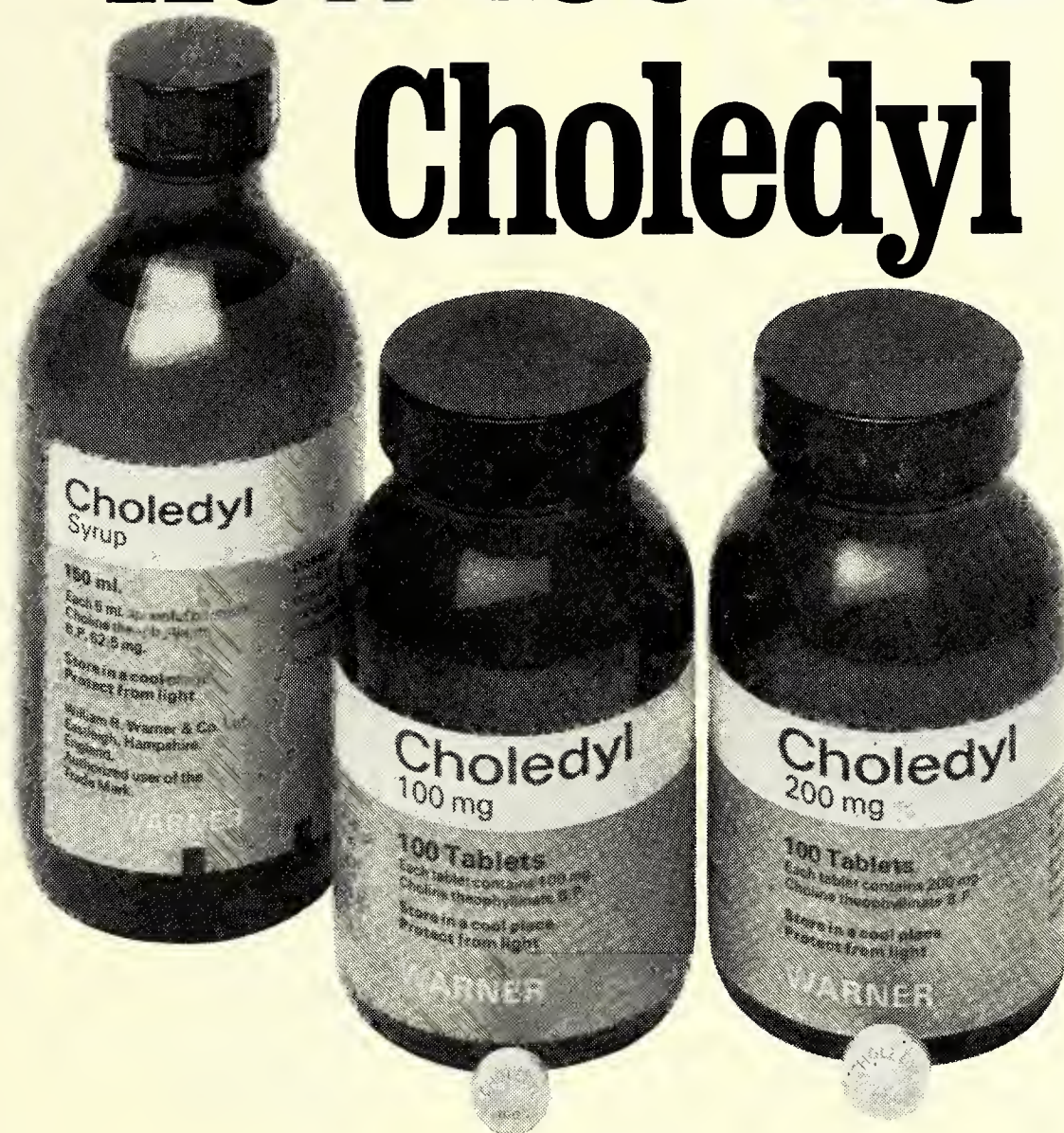
Three Wishes talc: All areas

Vaseline Balanced Care shampoo: All areas

Yardley Sea Jade: All areas



new look for Choledyl



Since 1956 Choledyl has been manufactured and distributed by Allen and Hanburys Ltd. under licence from The Warner-Lambert Company

As from October 1st 1973 Choledyl will be distributed by William R. Warner & Co. Ltd., Eastleigh, Hampshire.

Changes have had to be made to the labels, packs and tablet identification markings, but the formulation remains exactly the same. Existing stocks should continue to be supplied against prescriptions for Choledyl.

Choledyl is available in the following presentations:-

100 mg tablets, bottles of 100 and 500. 200 mg tablets, bottles of 100 and 500.
Syrup containing 62.5 mg in 5 ml, bottles of 150 ml and 1 litre.

Supplies can be obtained from your usual wholesalers or from

William R. Warner & Co. Ltd., Eastleigh, Hants, SO5 3ZQ Tel: Eastleigh 3131

Choledyl is a registered trade mark.



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(1 gm Ascorbic Acid)

THE PROFITABLE WAY TO SELL WINTER HEALTH

**Special bonus
'14 for 12'**



R.S.P. 35p

MAXIMUM TRADE PRICE 19½p

Arthur H. Cox & Company Limited,
93 Lewes Road, Brighton BN2 3QJ Tel: Brighton 63084

New products and packs

Cosmetics and toiletries

Another Three Wishes

To Pears' Three Wishes bath foam has been added Three Wishes talcum powder.

Pack is a distinctive plastic cylinder containing 105g (£0.29). Three Wishes talcum comes in three fragrances, woodland herbs, a pine herbal mixture; amber essences, a rich spicy perfume, and wild flowers, a light floral fragrance. There are special launch bonuses (A&F Pears Ltd, Hesketh House, Portman Square, London).

Anti acne

An addition to the Innox 41 range is Anti acne cream 41 (£0.45). It is said to be as effective as Solution 41 but is "less drying" (Innox England Ltd, 436 Essex Road, London N1 3PL).

Electrical

Foil shaver by Remington

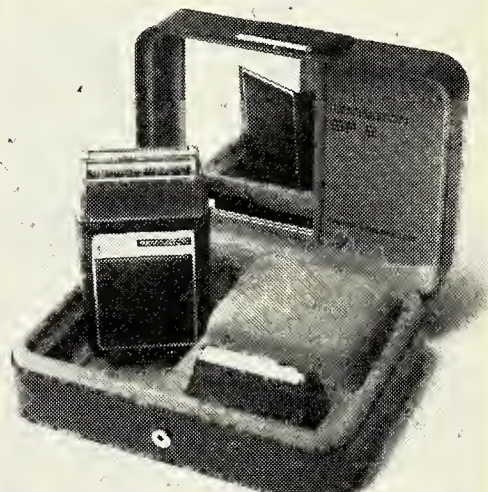
Remington have launched a new foil head shaver on the UK market to follow up the successful F2 model. The Remington SF2 (£13.95) a twin-head foil shaver has a new shape and finger pads carefully designed to ensure maximum comfort and efficiency. The SF2 has a brushed aluminium head and is finished in a smart navy blue. It comes in a gold lined black, hinged case complete with its own mirror. It is being promoted with a money back guarantee (Remington electric shaver division, Apex Tower, 7 High Street, New Malden, Surrey, KT3 4DL).

Sundries

Swimcaps for 1974

Kleinert's collection of swim caps for 1974 includes shaped petals in pretty pastels plus a new fashion shade — grape — and more dramatic caps in marine, turquoise and scandal pink. For ladies who are wearing softer fabric bikinis and swimsuits, Kleinert's have designed swim caps in fabric and towelling — mob cap shapes with floppy brims, towelling turbans and nautical peaked caps. These can be worn just as sun bathing caps or they have a separate water-proof inner lining to help keep hair dry.

Also for next year, Kleinert's have launched a "brand new concept in swim caps designed for the whole family". Made in tough but supple rubber, this dipper cap comes in three sizes: junior, adult and full, which is said to fit any head size and is either plain or split into two-tone zingy fashion colours, with 10 combinations to choose from. They have rejected the flat severe "scalped" shape and have chosen instead a more natural and flattering crinkled design which they say will suit everyone (Kleinert's Inc, Walpole House, 91 New Bond Street, London W1).



Prescription specialities

FEFOL-VIT Spansule capsules

Manufacturer Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts.

Description Each capsule contains dried ferrous sulphate 150mg, folic acid 0.5mg, aneurine mononitrate 2mg, riboflavin 2mg, pyridoxine hydrochloride 1mg, nicotinamide 10mg, calcium pantothenate 2.17mg, ascorbic acid 50mg. All the vitamins and up to 20 per cent of the ferrous sulphate are available for immediate absorption, the remainder being released over 3-4 hours. The hard gelatin capsule is size O with a clear colourless body, opaque white cap and coral-red, orange-yellow, pale yellow and white pellets.

Indications Prophylaxis of iron and folic acid deficiency during pregnancy.

Contraindications Known iron overload.

Dosage Usually one daily throughout pregnancy; two capsules daily in some cases.

Storage In a cool dry place. Dispense in moisture-proof containers.

Packs Capsules 30 (£0.50 trade) and 250 (£3.70).

Issued September 1973.

SAFAPRYN-CO tablets

Manufacturer Pfizer Ltd, Ramsgate Road, Sandwich, Kent, CT13 9NJ.

Description Lime-green sugar-coated tablet containing aspirin 300mg in an enteric-coated core, surrounded by paracetamol 250mg and codeine phosphate 8mg.

Indications All acutely painful conditions where an analgesic is required: lumbago, fibrositis, sciatica, low back pain, slipped disc, dysmenorrhoea, toothache and headache.

Contraindications Patients who have shown allergy to aspirin, paracetamol and/or codeine.

Dosage Adults 1-4 tablets three or four times daily.

Precautions Each tablet must be swallowed whole, not crushed or broken.

Side effects Aspirin may cause rashes, tinnitus and anaphylactic phenomena, and should be avoided in asthmatic subjects. Skin eruptions and blood dyscrasias have been reported on rare occasions following prolonged administration of paracetamol. Codeine may cause constipation.

Storage In a cool place.

Packs Securitainer of 100 tablets (£1.35 trade).

Supply restrictions PI S7, CD Inv PI.

Issued October 1973.

BRIZIN tablets

Manufacturer Beecham Research Laboratories, Brentford, Middlesex TW8 9BD.

Description Orange scored tablet embossed "Brizin" containing benapryzine hydrochloride 50mg.

Indications All forms of Parkinsonism.

Contraindications First trimester of pregnancy.

Dosage Adults—1 tablet three or four times daily. May be used concurrently with L-dopa and/or amantadine.

Precautions Caution in glaucoma or prostatic hypertrophy.

Side effects Anti-cholinergic effects such as constipation, blurred vision and gastrointestinal upsets may occur.

Packs Tablets 120 (£4.80 trade).

Supply restrictions P1, S4B.

Issued September 1973.



As from October 1st the Erythroped[®] range of products will be increased in strength as follows:

ERYTHROPED P.I.

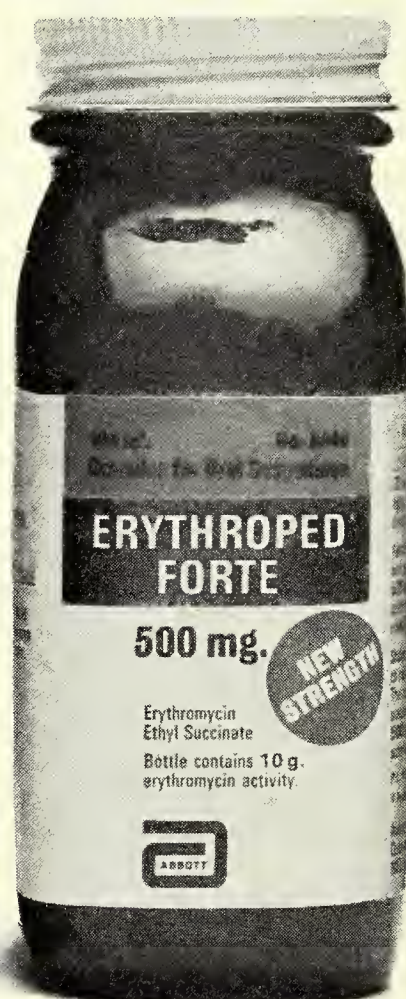
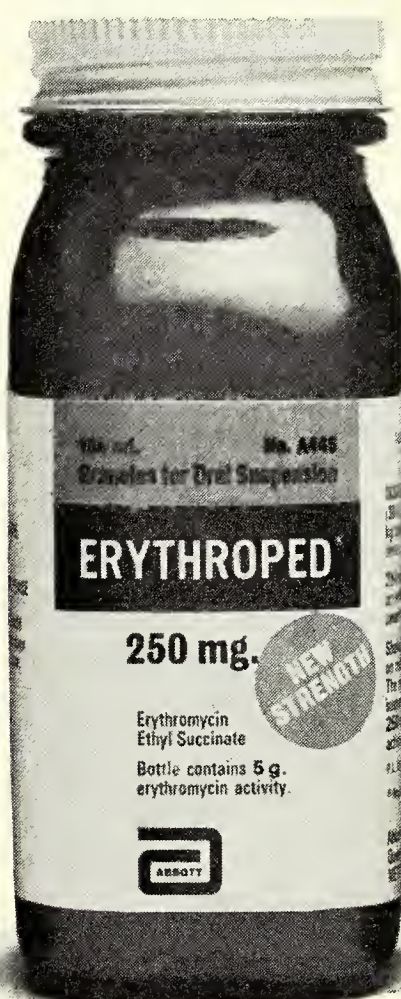
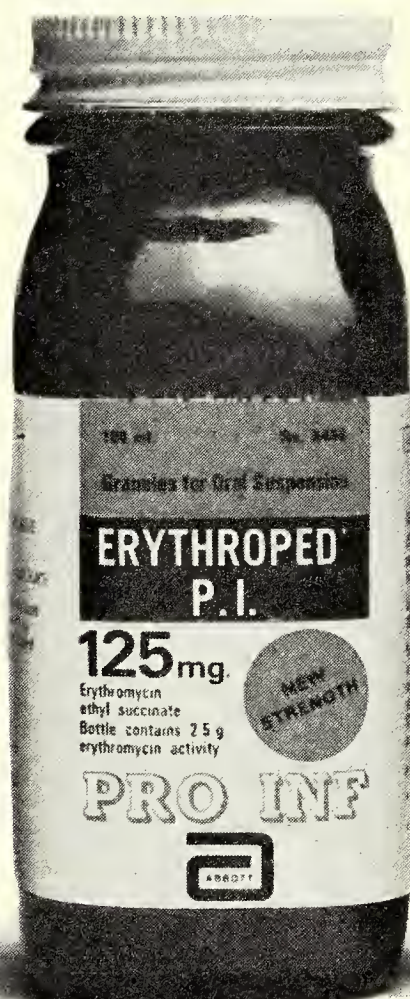
125 mg./5 ml. 0-2 years.

ERYTHROPED

250 mg./5 ml. 2-8 years.

ERYTHROPED FORTE

500 mg./5 ml. over 8 years.



To ensure continuity of supply, stocks of the new strengths will be fed into your local wholesalers prior to introduction on October 1st.

During OCTOBER, the Medicines Commission are allowing both strengths to run side by side—but payment will be made at the old rate on all scripts **except** where the new strength is specified. This applies only for OCTOBER.

Your Abbott representative will be pleased to answer any queries you may have, on his routine call.

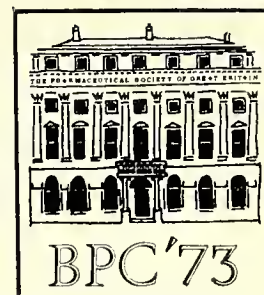
Further information on Erythroped (Erythromycin ethyl succinate) available from:

Abbott Laboratories Limited
Queenborough · Kent ME11 5EL

Product Licence Nos. 0037/5014/5015/5016.

The Society's House and its history

HISTORY OF PHARMACY SESSION



A record audience heard Mr R. G. Todd lecture on the history of Bloomsbury Square and the Society's House during the History of Pharmacy session of the British Pharmaceutical Conference on Tuesday afternoon. He said Bloomsbury Square, was originally known as Southampton Square, was the first open space in London to be given the designation "Square". It was developed shortly after the Restoration by the Lord High Treasurer, Thomas Wriothesley, 4th Earl of Southampton. The building of the Square seems to have been well advanced by 1665, for in that year Evelyn records dining there.

As originally developed, the Square was bounded on the north side by the Earl of Southampton's residence, Southampton House, later to be known as Bedford House, which was built shortly before the Restoration, in 1658-1659. The Square was supported to the west, south, and east by a number of smaller, less expensive streets, with a shopping area or market to the south-west. It won immediate popular acclaim as one of the finest sights in London. Pepys and Macaulay praised it.

Little remains of the Square's past glory. Most of the south side was rebuilt or remodelled in the 19th Century. The east side was demolished in 1924 and replaced by the domineering neoclassical bulk of the Liverpool Victoria Building. A few houses on the west side, however, still hint at the architectural grace and elegance of an earlier age. And pre-eminent among them is the Society's House, whose stuccoed facade recalls the later years of the 18th Century.

Although the Society's formal address is No. 17 Bloomsbury Square, the Society's House now comprises numbers 15, 16 and 17, together with buildings at the rear facing Galen Place.

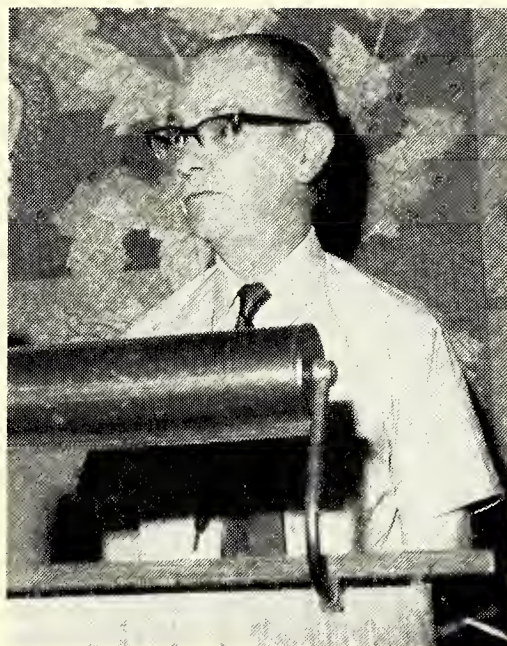
When the Square was first built, the site of the present No. 17 was occupied by a single large house on a 65-foot frontage with stables and offices at the rear, the site running back some 200 feet to what is now Bury Place.

Earliest reference

The earliest known reference to the House is in 1675 when it is said to have been then or lately occupied by William Russell and his wife Rachel, it appears probable that they were the first occupiers of the House and retained it as their town house up to or not later than 1675 at about which date they presumably took up residence in Southampton House on the north side of the Square.

In 1675, the Russells sold the corner site with its house and outbuildings to Sir William Jones, who was at that time Attorney General.

Sir William Jones sold the property in 1680 to Sir John Brownlow, a wealthy



Mr R. G. Todd

Lincolnshire landowner, who owned several properties in St. Giles. He, in turn sold it in 1688 to Lord Compton, the 4th Earl of Northampton, who resided here until his death in 1727. It remained in the possession of his widow and second wife, Elizabeth, Countess of Northampton, until her death in 1750 when it passed to his son-in-law, Sir John Rushout. Sir John was a distinguished politician. He was M.P. for Malmesbury in 1713 and 1715 and for Evesham from 1722 to 1768. In his later years in the Commons he was Father of the House.

Nash influence

In 1777, a year or two after Sir John Rushout's death, the property was acquired on a building and leasehold agreement with Sir John's heir, by John Nash, who was later to be responsible for much of the development in west and north-west London during the Regency period. Nash, then a young man of 26, had just been left a substantial legacy by his uncle, Thomas Nash, and he invested this money in acquiring this corner of the Square as a speculative venture.

At that time, No. 17 was a plain brick building of late 17th-Century style. Nash ingeniously converted the house into two, while making it seem like a large town mansion with a door in the centre facing Bloomsbury Square. This was actually the door of the southern portion, while the northern portion had its entrance in Great Russell Street. Nash rusticated the ground floor, added the row of Corinthian pilasters on the Bloomsbury Square facade, and faced the whole of the building with stucco. This was an exceptionally early

use of stucco, a material that Nash was to use to great effect in his later work. Nash had great difficulty in disposing of his property and for a time he was in serious financial trouble. He was declared a bankrupt in October 1783, and although he received a certificate of discharge in December of that year, it was some years before he was able to dispose of the whole of the property.

The interior of the building, which Nash largely remodelled, still retains features of his work — the staircases, the plaster-work above them, the plaster vaults in some of the corridors, and the fireplace in the Council anteroom are characteristic of Nash's later domestic work. The decorated ceilings in the Council chamber and anteroom also date from this period.

The exterior still retains the principal features of Nash's reconstruction, but the elegant proportions of his Bloomsbury Square facade have been uncomfortably disturbed by the attic storey, erected in 1860, and the graceful lightness of Nash's treatment has been marred by the ponderous window pediments and portico, added between 1860 and 1870.

In December 1841, a few months after its formation, the Pharmaceutical Society acquired, on lease, the southern portion of the building, as converted by Nash. This portion was then No. 17 Bloomsbury Square, the northern portion then forming Nos. 73 and 72 Great Russell Street — by this time, part of the northern portion had been converted into a shop.

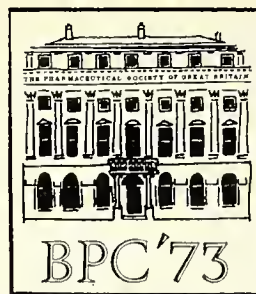
Additional storey

The southern portion was the extent of the Society's premises until 1860 when 73 and 72 Great Russell Street were taken over and merged with No. 17 Bloomsbury Square, thus reuniting the parts that had formed the single house before Nash's conversion. At the same time, the additional storey was built over the whole property. Some 30 years later (1886-1890), Nos. 15 and 16 Bloomsbury Square and buildings in the rear, facing Pied Bull Yard, now Galen Place, were acquired, on a rebuilding lease, and this property was demolished and rebuilt to assume its present form. Since then, the internal fabric has undergone many modifications but, externally, the buildings remain today much as they were in 1890.

Mr Todd continued to explain the development of the area and surrounding districts with the aid of old maps and prints. By means of plans he showed the changes that had taken place at No. 17. An exhibition in the old Council room included a series of maps, prints and publications illustrating his lecture and that given by Mr Harrod on the Chelsea Physic Garden (see *C&D* September 15, p 356).

Old problem with new face

DISCUSSION FORUMS



The problem of *in vitro* drug interaction—forgotten for a quarter of a century—has come back into prominence due to the practice of adding drugs in the ward, to intravenous fusions, said Professor P. F. D'Arcy, Queen's University, Belfast, introducing the discussion forum on intravenous additives at the British Pharmaceutical Conference.

Miss Kathleen Thompson, a pharmacist at the Royal Victoria Hospital, Belfast, presented the finding of two surveys undertaken by Professor D'Arcy and herself in ten hospitals in Ulster. In the first survey, 40.1 per cent of 6,833 infusions had drugs added to the container, 5.5 per cent had drugs added via the sleeve tube and 54.3 per cent contained no additives. The second survey revealed that 33.2 per cent of 1,067 infusions had drugs added to the container and 4.2 per cent had drugs added via the sleeve tube. Of the 354 containers with drug additives, 340 contained one additive, 10 contained two, 3 contained three and one contained four drugs.

The surveys revealed that almost all infusions containing drugs were prepared by the nurse at ward level, and the remainder by the medical staff. Miss Thompson questioned whether it was fair to ask a nurse to incorporate drug additives into infusion fluids without the aid of aseptic equipment and with little knowledge of drug-fluid stability and compatibility. Over half the additives to infusion fluids (54.9 per cent) were made outside normal pharmacy hours, she added.

The longer the infusion was allowed to run the more chance there was of decomposition rising above an acceptable level and for the growth of contaminants said Miss Thompson. The surveys showed that the majority of one litre infusions were in position for 4-12 hours although a number were in position for 12-24 hours. The majority of the $\frac{1}{2}$ litre infusions ran for 1-8 hours.

Medical aspects were explained by Dr M. G. McGeown, consultant nephrologist, Belfast City Hospital. She said that fluid therapy might be used for resuscitation for the exsanguinated, shocked or badly burned patient; to correct water and electrolyte deficiencies; and as a vehicle for drugs. Dr McGeown commented that the clinicians in Belfast had been educated by Professor D'Arcy to the dangers of mixing drugs indiscriminately in intravenous fluids and that had led her to simplify her own approach.

Dr McGeown explained that some drugs might only be given by slow infusion, whilst a very few must never be given in an infusion. All the remaining drugs commonly used could be conveniently and safely given via the drip sleeve. The list of drugs which could only be given diluted in a large volume of infusion fluid was

small: potassium chloride, tetracyclines, amphotericin B, streptokinase, oxytocin, isoprenaline and lignocaine. She recommended that insulin, if to be given intravenously, and frusemide should be injected direct. All other drugs required for intravenous use she prescribed to be injected via the drip sleeve.

Mr C. Hetherington, group pharmacist, United Leeds Hospitals, emphasised that an intravenous fluid additive service was only part of a comprehensive hospital pharmacy service. The preparation of such solutions required a special knowledge and expertise in aseptic dispensing techniques together with a full knowledge of drug compatibility and stability. He outlined the requirements and advantages of a centralised intravenous additive service.

Stock solutions containing additives

It had been possible, with such a service, to prepare certain stock solutions containing additives regularly used, allowing full quality control to be applied. Fluids could be presented in more appropriate volumes—important for paediatric or intensive therapy use—contributing to greater patient safety.

Nursing staff would gladly get rid of this duty which they believe themselves poorly equipped to undertake commented Mr Hetherington. Doctors, in the majority of cases, were hardly aware of the problems unless they were interested in intravenous therapy. Those who were, were "delighted" when they found that the pharmacy was prepared to take a much larger share of the responsibilities, he added.

Mr J. W. Hadgraft, regional pharmacist, East Anglia, presenting the first of the mini-communications, said that the addition of drugs to IV infusions always carried a risk. It was justified only when intermittent IV injection was dangerous, or irritant, or when constant blood levels were required.

It should be accepted that the addition of more than one drug to an IV fluid was a dangerous practice. Polypharmacy had been eliminated from other pharmaceutical products; why should it be re-introduced on hospital wards he asked.

Mr M. Beaman, Middlesex Hospital, said that his pharmacy did not operate an intravenous additive service. He thought such a service might actually encourage the administration of drugs by IV infusion.

The pharmacy, however, had a role in investigation problems with infusions containing additives. He said that precipitation of amphotericin B was found to be induced by material extracted from the unprotected rubber closure of the infusion bottle during autoclaving, but that was avoided by using dextrose solution autoclaved in plastic containers.

Mr J. A. Myers, regional pharmacist,

South Eastern Region, Scotland, said a patient needed a protective barrier from the bacteria and particles present in intravenous infusions and a terminal bacterial filter seemed to be the answer.

It is not feasible at present to provide a comprehensive pharmacy-based IV additive service in British hospitals, said Mr J. A. Baker, group pharmacist, Westminster Hospital. The most that could be done with existing resources was to provide a comprehensive service to a limited part of a few areas or a part-time service for the whole of some areas. In either case many additions would still have to be performed on the wards. Priority should therefore be given to the education of those responsible for prescribing and preparing IV additives.

Mr Baker recommended an extension of the authority of nurses to give IV drugs and the preparation of nursing procedures covering the techniques involved. He called for doctors to be educated on methods of IV drug administration and the pharmacy to provide ready-made mixtures.

Miss H. Corrigan, nursing sister in an intensive care unit, said in the discussion that many nurses were satisfied with current practice regarding additives and that they were experienced in aseptic procedures equally as important as preparing IV additives. If the pharmacist took over some of the responsibility then the nurses would not have adequate practical experience in these techniques to contribute effectively towards the additive service.

Mr M. S. Newman felt that many nurses were not trained to accept responsibility for dispensing additive-containing IV fluids. They did not want this responsibility but it was forced upon them.

Professor D'Arcy said that he thought that problems did exist and held the view that all additives to IV infusions should be made by pharmacists working under conditions suitable for aseptic technique to be practised. He presented a "check-list" for the pharmacist involved in adding drugs to IV infusion fluids.

Co-operation of formulator with analyst called for

The keynote to success in analytical development work is active co-operation at all stages between the formulator development analyst and control analyst.

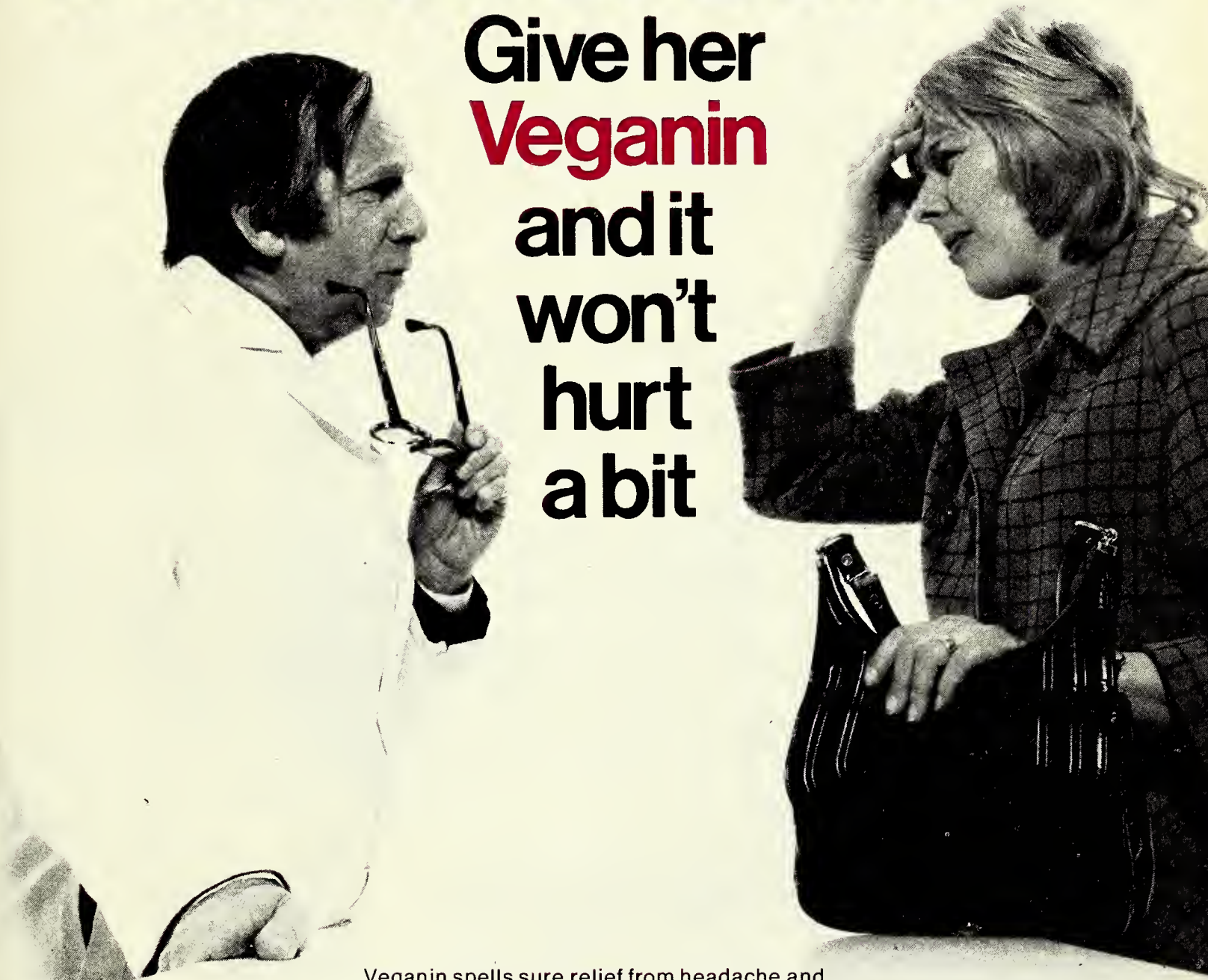
That conclusion was reached by speakers at a pharmaceutical analysis discussion forum, organised by the Joint Pharmaceutical Analysis Group on behalf of the Conference Science Committee.

The subject of the forum was "Challenge of formulation to the pharmaceutical analyst" and the speakers were Mr K. Lees (chief pharmacist, Glaxo Laboratories Ltd), Mr A. Holbrook (chief analyst, ICI Pharmaceutical Ltd) and Mr E. B. Reynolds (public analyst, City of Exeter). The chair was taken by the chairman of the Group, Dr B. A. Wills.

The purpose of this meeting was to consider the current, searching challenges posed by the formulator to the analyst both in industry and in the public analyst service; this challenge involves the determination of drug substances in formulated products with special reference to the additives in the product and to the possible different forms of drug.

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Europe offers the profession we dream of, UCA told

"Membership of the European Community gives us the chance to create the profession that we dream of," said Mr W. A. G. Kneale, EEC liaison secretary, National Pharmaceutical Union at the Ulster Chemists' Association weekend conference in Newcastle, co Down.

Mr Kneale outlined his impressions of European practice gleaned during visits to EEC countries, and suggested that the differences between them offered a whole range of inspiration and choice for consideration.

In Luxembourg, for example, the 68 pharmacies were granted on a concessionary basis by the Government and the pharmacist paid 2 per cent of turnover — used by the government to buy up remaining pharmacies. As in the other member countries, there is a 24-hour service.

Belgian pharmacies obtain 80 per cent of their income from mutual insurance company dispensing. Twice since 1965 they have gone on strike and, with a sympathetic Press and television, have won increased payments from the companies. Mr Kneale referred to "decommercialisation" in the pharmacies — and to the development of pharmacist-owned drug stores next door to them, sometimes with only a partition separating the two premises (see *C&D* report, October 14, 1972, p 545).

Commercial instinct

Generally in Europe there was little counter turnover, however. In Italy it represented 9 per cent (mainly surgical, hygiene and dietary) and in France 14 per cent. But, said Mr Kneale, the Belgian example showed that "the commercial instinct is still alive".

Turning to educational differences, he highlighted Germany's competition between 12,000 students for 750 university places; it was decided on a "points" basis taking into account school record, the number of children in the family, and whether or not national service had been carried out. The German course was 3½ years, but for Holland 8-9 years. The "mean" being suggested for the EEC was 4½ years academic study plus six months practical experience. Mr Kneale related a conversation with a Brussels "dispenser" — a girl who had completed the pharmacy course paying her own fees and was now undertaking practical experience without salary.

Draft directive 6 made the pharmacist responsible for pharmaceutical manufacturing, and "the six" had gone a long way towards this situation. But, said Mr Kneale, in Britain the chemical engineers were in no hurry to give up their powers.

Pharmacists were also to be in charge of wholesaling, and the speaker described one of the most modern in Europe — at Essen. It was owned by 1,500 pharmacists who paid £700 to join; profits were shared

on the basis of purchases and amounted to 9 per cent on £70,000 a year.

Mr Kneale pointed out that the company chemists had challenged the retailing requirement that a pharmacist must own his stock and equipment on the grounds that it offended the "economic freedom" requirements of the Rome Treaty.

Returning to a "country" rundown, he found the pharmaceutical set-up in Italy "enviable". There was a pharmacy-to-population ratio of 1:4000 and monopoly in dispensing and medicines; a financial grant was available from the state in rural areas. Any pharmacist could bid for a pharmacy which came onto the market — but he could only sell it and buy a new one once in his lifetime, either within a year of first purchase or not for ten years. There was an average of 2.5 pharmacists per pharmacy and 80 per cent of pharmacists were women; 40 per cent of proprietors were women.

To compare salary scales, Mr Kneale gave these rates: proprietor £4,500, manager £3,600, assistant pharmacist £2,000, shop assistant £19 per week, porter £14. Holidays were 20-25 days with 17 days religious holidays.

Pricing and payment for prescriptions was handled by the provincial "Fiduciary", an organisation of the mutual insurance companies and the pharmacists. The profit level had been 23.6 per cent since 1929, and the pharmacist had to pay 6 per cent towards the companies' costs. Because of strikes, payments in Naples had been six months in arrears!

In Holland, everyone below a certain income had to belong to a mutual insurance company, and must choose a pharmacy. This pharmacy was then paid £1 per patient per year by the company and the patient paid a further fee of 10p per prescription (average eight a year) but was

free to take prescriptions to any pharmacy. The pharmacist nevertheless had a considerable income from the "registration" fee.

There was geographical distribution with an average of 1:15,000 population, giving 850 pharmacies. But there were also 5,000 drug stores, 5 per cent of them owned by pharmacists. The right of a doctor to dispense ended when he retired and it was hoped pharmacists would have the complete monopoly by 1980.

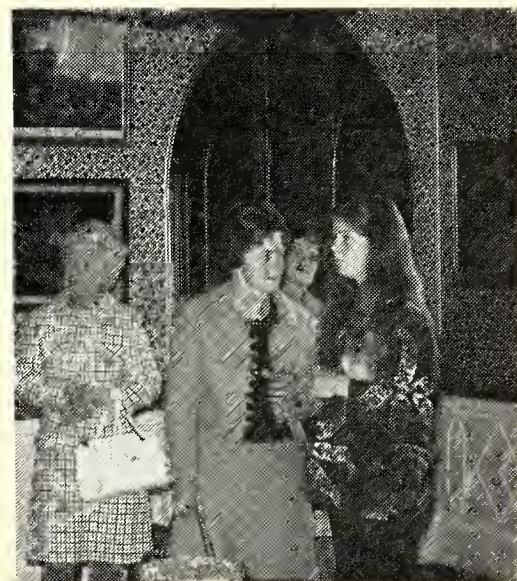
The French were convinced they had the ideal system, said Mr Kneale — geographical distribution (1:3,000) and a monopoly in medicines. Over half the proprietors and 60 per cent of pharmacists were women. Dispensing was by unit pack and the patient paid the full price, reclaiming from the insurance with a tab attached to each pack.

In Denmark, any pharmacist under 50 could apply to purchase when a pharmacy became available. Applicants were interviewed by a board comprising one employer and one employee pharmacist, and a list of two or three names was submitted to the Minister for Internal Affairs. A decision was made on the basis of ability to give an efficient service. Salaries and wages were paid centrally through a computer and most proprietors paid into this fund. Average turnover was £150,000 with the proprietor's salary 5½ per cent (about £8,000); an equal sum was paid into a fund to help the less fortunate modernise and to subsidise pharmacies in rural areas. The proprietors' organisation also owned the biggest wholesaler and supplied most hospitals.

The Germans had an "umbrella" organisation (like the Society and NPU) to represent pharmacy to the government and the EEC. Seventy-five per cent of pharmacists were women. Control on opening pharmacies ended 15 years ago, and numbers were increasing at a rate of 250 a year, bring the population ratio down from 1:10,000 to 1:5,500. This could not be stopped without a change to the constitution. The 14,000 drug stores were in real competition with pharmacy.

Mr Kneale added that British pharmacists had hoped that "geographical distribution" would mean "limitation" — but it was "nothing of the kind". Its aim was simply to ensure an adequate pharmaceutical service in all areas.

UCA members and their families visit Castleward House



UCA weekend conference, continued from p 435

'Technicians must not be allowed to take over'

"Flexibility" will be the secret of pharmacy's future, said Mr A. Howells at the UCA conference. Coupled with that would be "a determination not to allow our standards to fall and not to allow our work to be taken over by technicians. We must not be carried away on a cloud of academic euphoria".

Mr Howells gave his warning about technicians following examination of developments in the Swedish nationalised pharmaceutical service. There were three grades practising—highly educated pharmacists who managed and supervised, "prescriptionists" with a lower standard of qualification, and technicians who did the bulk of the dispensing supervised by the prescriptionists.

Mr Howells said that a problem had been the high cost of labour, and if a pharmacy did not dispense a certain level of prescriptions per month it could be run without the "management" of a pharmacist. "You see the slippery slope they have started on." Mr Howells added that younger pharmacists had told him it was now almost impossible to get work as a pharmacist.

Danger in hospitals

The speaker saw similar dangers arising in the British hospital service as a result of Noel Hall. Those at the top who had negotiated the terms and conditions were now occupying the regional and area posts. "They have gone into management—can they negotiate now?" Salaries for the top positions had been improved beyond recognition but they were absurd at the lower levels and Mr Howells could not see young graduates staying. Negotiators should have sought a good salary in the bottom grades—"the differentials" would have taken care of the top grades. If it was not possible to obtain pharmacists for the hospital service the gap would be filled by technicians and Mr Howells warned "experience can catch up with education".

On general practice Mr Howells felt the health centre problem was not being solved in the right way. If there were ten doctors practising it was wrong not to have a pharmacy department "if we are not prepared to go in the technician will—do we want to see dispensing supervised by a doctor, or from a distance by a pharmacist in a nearby hospital?" Mr Howells felt pharmacists must go in either as contractors or as a salaried service. He could see no objection if the salary was right.

Flexibility was required in respect for a 24 hour service. There was no need for all to be open, but pharmacists must not be dominated by a 9 am-6 pm mentality. "If anyone else can do our work when we are closed they can do it when we are open."

Mr J. White asked if Mr Howells would put a member of his family into pharmacy

today. The speaker replied "yes", but he would not advise on the branch of the profession. Mr W. H. Boyd thought Mr Howells' prescription for the future was "as before". Was it never going to be possible to practise the job the pharmacist had been taught to do? Even the herbalist could do that.

Mr Howells replied that the aim was traditional pharmacy "minus the tights".

Reconciling professionalism and commercialism

"Do you know where you want to go?" That question was put to the conference by Mr A. Trotman, chief executive, NPU Marketing. Others in retailing were planning for the future and getting down to it, he said, but pharmacists had not accepted the changes of the past two decades. In Northern Ireland, for example, the professional "cake" was not big enough. The £10m from the NHS was shared between 600 pharmacists giving an average reward of £2,000 each. "Are you professional people at this?" asked Mr. Trotman.

The speaker argued that change need not destroy the professional image — it could enhance it if done in the right way. Other traders were seeking to offer service when the public requires it (in the USA there were shops open 24 hours or from noon till 10 pm). As the pharmacist had to serve the patient professionally, it was what the customer wanted that mattered in retailing.

Working together

If independent pharmacists worked together and exploited their total buying power they could be nearly as big as Boots, and this would be the aim of the voluntary trading organisation. Retail pharmacists must recognise that they were also traders and managers and management was the control of men, materials, and money for the maximum utilisation of resources. Group operation brought this

(Mr Trotman later pointed out that one-third of pharmacists already stocked tights and another third were prepared to.)

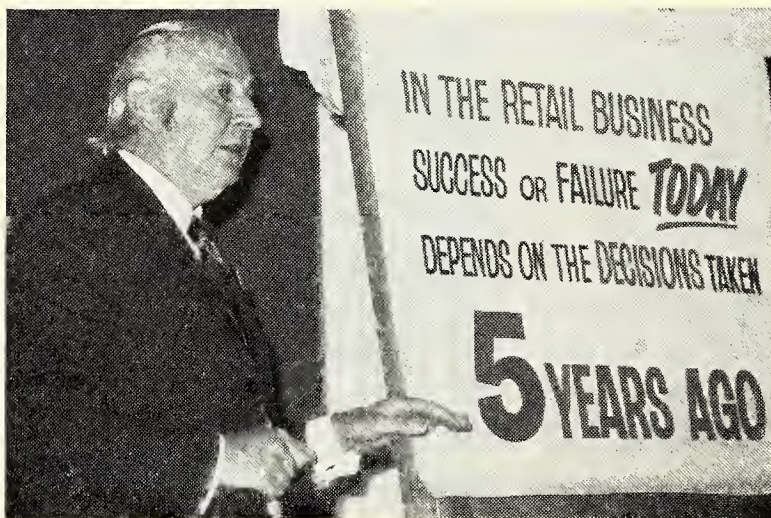
Questioned on NHS remuneration, he said that people would pay what they could get the service for. If pharmacists who employed pharmacists could be persuaded to double salaries they could get more from the Government. But it was a chicken and egg situation — where do you get the profit to pay the increased salary from?

On 24-hour service Mr Howells said it must be impressed upon the Department of Health that the pharmacist should be entitled to endorse time of dispensing as a professional man. In Germany the patient handed the prescription through a hatch from outside the pharmacy to improve security out of hours. But there was a high capital cost and it was up to the state to see that provision was made for this type of service.

ability to the independents. Multiples treated staff as an investment — they must be taught new skills, the right way to display and merchandise, etc, because they were in competition with the staff of other shops. Mr Trotman asserted that the pharmacy could be revitalised with time and effort — it did not mean money.

There was a need for team work with people who could lead and plan and help with management. There was also a need for corporate planning and identity. "We moan we are losing shops but we have not turned our thoughts to where we want to go." Mr Trotman could promise no "instant success" however, — it was a long up-hill grind and today's decisions would fashion success or failure five years hence. Mr J. C. McIntyre asked the average size of pharmacy that would be required. Mr Trotman replied that everyone was in a different position, but "site evaluation" would give the potential. "This is the sort of technical backup you need and which we can give you when we have got your buying power together."

Mr Trotman came in for criticism from several members for having aims that were too commercial. His reply was that the main criticism usually came from those whose businesses were capable of being supported by dispensing — but those who needed to engage in retailing must realise that they were in competition with other traders and act and change accordingly.



Mr A. G. Trotman pushes home his message that commercial decisions cannot wait.

Company News

BDH Chemicals to be bought by German firm

Glaxo Holdings Ltd announce that negotiations have been completed, subject to contract and to such necessary Governmental and other official consents being obtained, for the sale of BDH Chemicals Ltd to E. Merck Ltd, Wokingham, a company in the E. Merck Group of which E. Merck, Darmstadt, West Germany, is the most important enterprise.

BDH Chemicals Ltd, a wholly owned subsidiary of Glaxo Holdings Ltd, is concerned exclusively with the manufacture and sale of laboratory chemicals and closely related goods. The sale will also include certain current assets overseas (but excluding those in India) relating to the laboratory chemical business.

At the date of transfer it is expected that the book value of the net assets of BDH Chemicals Ltd together with the appropriate overseas current assets will be about £6 million.

Growth must be aim of Macarthys'

"Growth must be the aim of a company such as ours, with its ample credit facilities", Sir Hugh Linstead, chairman, Macarthys Pharmaceuticals Ltd, told shareholders at the annual meeting last week.

He said the record of the past year showed how they were securing that growth by internal development and acquisition. The expansion includes their retail sector; Savory and Moore "are currently in the process of acquiring a number of businesses", he states.

The surgical division has modified some of its trading policies and is in the process of hiving away from the pharmaceutical wholesaling activities.

The company were able to reclaim some £70,000 for purchase tax. "VAT will involve us in a good deal of record keeping for the benefit of the Customs and Excise rather than of ourselves", said Sir Hugh.

Robinson & Sons: a new chairman

Chairman of Robinson & Sons Ltd, Chesterfield, since the beginning of 1962, Ald Ernest Bradbury Robinson has resigned with effect from the end of September and is being succeeded by his brother, Col C. P. Robinson. He will remain an executive director and will also be deputy chairman and will continue to be interested in the general financial operations of the company and long-term planning matters. Col Robinson was from 1954 until 1970 the first managing director of the dressings division and is chairman of three subsidiary companies, J. J. Blow Ltd, Robinson Eirecot Ltd and Edward

Taylor Ltd, and has been a director of Bradbury Lees Ltd. since it was formed in 1952. He has also held office as chairman and secretary of the Surgical Dressings Manufacturers' Association, among other trade offices. He is the eighth member of the family to be chairman since his great grandfather founded the business 134 years ago.

Wm Ransom profits up 20 per cent

For the seventh consecutive year the trading profits of William Ransom & Son Ltd, were higher, this time by 20 per cent to £180,426, states the chairman, Mr M. H. Ransom in his annual report for the year ended March 31. Although turnover at £902,000 appeared to be little changed it would have been higher "but for the removal from medicinal products of alcohol duty in August 1972 which meant that the duty was no longer included in the selling price of most of their liquid alcoholic products".

On the future Mr Ransom says it is intended to buy more new plant, rebuild certain buildings and improve their laboratory facilities to gain the maximum efficiency in manufacture.

Fisons' profit up in first half

Turnover of Fisons Ltd in the first half of the year rose to £69.93m from £65.36m in the equivalent 1972 period. Trading profit increased from £5.89m to £6.53m. Expenditure on research and development at £2.08m compares with £1.72m.

Turnover in the half year included £15.27m from pharmaceuticals (£12.1m in 1972 half year) while expenditure on r & d was £1.17m (£979,000). Profit from pharmaceuticals went up from £2.09m to £2.40m.

Soap-fat prices rising

In his annual report for the year ended April 1, the chairman of Cussons Group Ltd, Mr S. H. Cussons states that since the period under review fat prices have continued to rise and have reached "an unprecedented post-war level" being more than twice the cost per ton of a year ago.

Dalgety trebles profit

Dalgety Ltd made a group profit of £15.26m in the year ended June 30. That figure compares to £5.77 m in the previous year but in the year under review Dalgety acquired Associated British Maltsters Ltd which trebled the scale of their operations in the UK. Earnings per share rose from 15p to 30p.

Briefly

Richardson Merrell Ltd were applying for a London stock exchange quotation this week.

Cardinelli Beauty Products Limited have moved to 1 Canal Walk, Southgate Road, London N1 5SA, telephone: 01-254 7470.

Smith & Nephew Associated Companies Ltd are sponsoring five new scholarships for nurses to a total value of £5,000 per year.

Servier Laboratories Ltd have moved to Servier House, Horsenden Lane, South Greenford, Middlesex UB6 7PW. (telephone: 01-998 2939).

N. C. Brown Ltd, have changed their name and address to N. C. Brown (Storage Equipment) Ltd, Cuba Works, Ramsbottom, Lancs (telephone: Ramsbottom 2924).

Shandon Southern Instruments Ltd have acquired Glass Appliances Ltd of Aberdeen. Glass Appliances will continue to operate under its present name and will become a fully autonomous subsidiary within the Shandon Southern group.

Bell & Howell Co began listing their company's common shares on the London Stock Exchange this week. The chairman, Dr D. N. Frey said: "We are listing our stock in London because of the growing importance of our operations in the United Kingdom and elsewhere in Europe. We live here, work here, borrow here, and we view London as a key financial market."

Sandoz Products Ltd: From October 1, the company's pharmaceuticals only executive, administrative and information services will be moved to Sandoz House, 98 The Centre, Feltham, Middlesex TW13 4EP (telephone: 01-890 1366). Orders, however, should continue to be addressed to pharmaceutical order department at PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds LS18 4RP.

Appointments

Smith & Nephew Ltd: Mr M. Trimby, has been appointed group product manager with responsibility for all consumer products in the S&N range. Miss F. Minogue has joined the company as marketing services executive on the Elastoplast and Nutriplan brands and will also work closely with the sales department, and Mr M. Marks has become assistant brand manager.

Retail Alliance: Mr John R. Perring vice-chairman of Perring Furnishings Ltd, has been elected new chairman of the Retail Alliance.

Stats M.R. Group: Mr R. Stonehewer has been elected joint managing director of M.R. Ltd; Mr P. James, has been appointed marketing director; Mr G. Pile production director and Mr A. Binham, client services manager.

Chanel Ltd, have appointed Mr Allan R. W. Archibald their sales manager for the UK.

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Market News

HONEY PRICES SOAR WITH REVALUATION

London, September 25: The recent revaluation upwards of the Australian and New Zealand currencies has added further momentum to the soaring honey prices. Australian light amber is approximately £525 per ton ex warehouse whereas last month it was £470. For other than currency reasons Canadian honey is about £590 ton against £500.

Shortages of crude drugs continue with many commodities not being quoted at origin. Earlier in the year shippers of buchu in South Africa were bemoaning that there was no demand for the leaf and their warehouses were full. Now they say their stocks are sold out. Liquorice root is unobtainable from Russia at the moment whilst the earliest Chinese offers are November-December shipment from that country. Other changes were noted in lemon peel, pepper, aromatic seeds, senega and turmeric.

Shipments of Tinnevely senna from the port of Tuticorin during August were:

	UK Tons	US Tons	Europe Tons
Senna leaves	—	19	167
Pods	—	—	154

Pharmaceutical chemicals

Acetic acid: 12-ton lots, delivered, per metric ton, BPC glacial from £94; 99.5 per cent technical £87; 80 per cent grades pure £82.50; technical £75.
Acetomenaphone: 100-kg lots £5.64½ kg.
Arenaline: (per g) Synthetic 1-kg lots £0.59; 500 g £0.067; acid tartrate, £0.044 and £0.05.
Alcohol: (per proof gal). Synthetic ethanol in 2,500 bulk gal lots—96 per cent, £0.245 and 99.9 per cent, £0.257 in tank wagon; £0.260 and £0.272 in drums for 900-bulk gal; industrial grade 95 per cent £0.172 in bulk and £0.187 in drums.
Alolin: 50-kg lots £9 kg.

Aminacrine hydrochloride: £33.50 kg.
Ascorbic acid: £4.30 kg; 5-kg £3.50; sodium ascorbate, plus 8p; Silicone-coated, plus 25p kg.
Atropine: (500-kg lots per kg) alkaloid and methonitrate £65.20; methylbromide £64.20; sulphate £52.90.

Bacitracin: £21.65 per 5 mu.
Bemegride: BPC £16 kg.
Benzenamine lactate: 1.5 kg lots, £95 kg.
Benzocaine: 50-kg lots £1.68 kg.
Benzolic acid: One-metric ton lots £30.42 kg.
Borax: BP grades, per metric ton, in paper bags delivered—granular £112; crystals £154; powder £122; extra fine powder £126. Technical grades less £24 per ton.

Boric acid: BP grade per metric ton; granular £110; crystals £154; powder £122; extra-fine powder £126 in paper bags, carriage paid. Technical is £24 per 1,000 kg less than BP grades.
Bromides: Crystals (£ per kg).

	12½-kg	50-kg	250-kg
Ammonium	0.52	0.43	0.40½
Potassium	0.47	0.38½	0.36
Sodium	0.46	0.38	0.35½

*Powder plus £0.02.

Calamine: BP £300.70 per 1,000 kg for 250-kg lots.
Calcium carbonate: BP light £58.00 metric ton.
Calcium gluconate: 250-kg lots £0.63 kg.
Calcium lactate: 250 kg £412 per metric ton.
Calcium pantothenate: £5.50 kg; £4.00 kg.
Calcium sodium lactate: £0.709 kg in 50-kg lots.
Carotene: Suspension 20 per cent £16.73 kg.
Citric acid: BP granular hydrous per metric ton 50-kg lots £337; 250-kg £325; 1,000-kg £313. Anhydrous £385, £346, £334 respectively. Premium for powder £10.
Cyanocobalamin: £1 per g.
Ether: Anaesthetic BP—2 litre bottles £0.91 each for under 350 litres; £0.85 each for over 350 litres; 45-litre drums £0.31 litre for 350-litre lots. Solvent BP—per metric ton in drums from £333 for 50-kg lots in 16-kg drums down to £318 in 130-kg drums.

Ergomelrine maleate: 100-g lots £5.25 g.
Folic acid: 5-kg lots £18.65 kg.
Gallic acid: 1,000-kg lots £1.68 kg.
Glucose: (per metric ton in 10-ton lots) monohydrate powder £94; anhydrous £175; liquid 43° Baume £79 (5-drum lots).
Hydrogen peroxide: 35 per cent, £149 metric ton.
Hyoscine hydrobromide: £314.14 kg.
Hyoscyamine sulphate: (100-g lots) £59 kg.
Hydroxocobalamin: £3.00 per g.
Hypophosphites: £ per kg.

	12½-kg	50-kg
Calcium	1.14	1.06
Iron	2.35	2.27
Magnesium	1.98	1.87
Potassium	1.57	1.45
Sodium	1.27	1.17

Isoprenaline sulphate: 5-kg £16.50 kg.
Kaolin: BP is £66 per 1,000 kg in sacks.
Lactic acid: £570 metric ton for 50-kg lots.
Magnesium peroxide: 50-kg lots 23-25 per cent metric ton.
Magnesium hydroxide: BPC £560 metric ton.
Magnesium oxide: BP (per metric ton); light £560; heavy £890.
Magnesium peroxide: 50-kg lots 23-25 per cent £0.59 kg.

Methyl salicylate: Per metric ton in 5-ton lots £467.50; 17-ton £472.50; 500-kg £477.50.
Methylated spirits: (per bulk gal, delivered) 45-gal drums minimum 900 gal, industrial 66 op £0.324; perfumery quality 68 op £0.377; mineralised 60 op; £0.338. In tank wagon, 2,500-gal the rates are £0.301, £0.354, £0.315 respectively.

Neomycin sulphate: 5-kg lots £27.50 kg.
Nicotinamide: (per kg) 1-kg £3.40; 5-kg £2.40.
Nicotinic acid: (per kg) 1-kg £2.37; £3.53; £2.53.
Oleic acid: BP £254.70 per metric ton delivered.

Oxalic acid: 20-ton lots about £155 metric ton.
Paraffins: (minimum 1-ton lots) liquid-BP £0.552 gal; light BPC 1963 £0.466; technical white oil WA23 £0.422; WA21 £0.477; jelly-soft white BP £138 ton; yellow BP £103.

Paracetamol: 1-metric ton lots £1.22 kg; 5-ton £1.19 kg. For direct compression £1.32 and £1.29 kg respectively.

D-Panthenol: £10 kg; £8.50 kg.
Parachloro-meta-xylene: 50-kg lots BPC £0.94 kg. sulphate £0.88g.

PAS sodium: £1.40 kg.
Penicillin: Potassium, sodium or procaine, sterile £9 per 1,000 Mu for 5-25,000 Mu lots.

Phenitane: 25-kg lots £4.24 kg.
Pilocarpine: 1-kg lots hydrochloride £96; nitrate £88.

Piperazine: (Under 50 kg) adipate £9.963 kg; citrate £0.92½; hexahydrate £0.663; phosphate £0.02½.
Potassium acid tartrate: BPC £453 per metric ton.
Potassium citrate: £353 per metric ton.

Pyridoxine: £10.30 kg; £9.30 kg.
Pyrogallol acid: Pure 500-kg lots £4.92 kg.
Riboflavin: £19.00 kg; 5-kg lots £18.00 kg.

Salicylamide: (per metric ton) 5-ton lots £770; 1-ton £780, £710.
Salicylic acid: per metric ton 5-ton lots £445; 1-ton £470; 250-kg £520.

Sodium benzoate: One-metric ton lots £283.30.
Sodium bicarbonate: BP £30.21 per 1,000 kg minimum 8-metric ton lots delivered London.

Sodium chloride: Vacuum dried £8.73 per 1,000 kg in plastic sacks for 6-metric ton lots, ex works.
Sodium citrate: £313.00 per metric ton.

Sodium pantothenate: (kg) £7.50; 5-kg £6.50.
Sodium perborate: (per 1,000 kg) monohydrate £283.50—tetrahydrate £145.75.

Sodium percarbonate: (per metric ton) £170.75.
Sodium potassium tartrate: £315 per metric ton.

Sodium salicylate: Per kg in 5-metric ton lots £0.54; 1-ton £0.55; 250-kg £0.56½; 50-kg £0.59.
Sodium sulphate: BP from £35 to £40 per metric ton as to crystal. BP exsiccated £60 ton.

Sodium thiosulphate: £55 per metric ton.
Stilboestrol: BP in 25-kilo lots £33 kg.

Streptomycin: £11 kg base; dihydrostreptomycin £11.50 kg base.

Strychnine: (kg) alkaloid £12.25; sulphate and hydrochloride £10.50.
Tannic acid: 500-kg fluffy £1.40 kg; powder £1.38.

Thiamine hydrochloride: £9.20 kg; 5-kg £8.20 kg; mononitrate £9.70 and £8.70 respectively.

Vitamin A: Oily 1 mu iu per g £8.00 kg; £7.00 kg; dried acetate 325,000 iu per g, £6.80 kg; 500,000 iu 7.30.

Vitamin D: Powder for tableting 850,000 iu per g. £22.00 kg; 5-kg £21.00 kg.
Vitamin E: (per kg) £10.00; 5-kg lots £9.00.

Crude drugs

Aconite: Spot £1,350 metric ton; £1,250, cif. nominal.

Agar: Nominally £3.30 kg.
Aloes: Cape spot and shipment nominal; Curacao spot £800 metric ton; shipment nominal.

Balsams: (kg) Canada: Spot cleared: shipment no offers. Copaiba: BPC £1.40 Para. £0.90. Peru: £2.45 spot; £2.35 cif nominal. Tolu: BP £1.95 cif.

Bay leaves: £450 metric ton, cif.
Belladonna: (metric ton) leaves £320 spot; £315 cif. Herb £280; no cif. Root, £410 spot; £390 cif nominal.

Benzoin: BPC £53-£59 cwt spot; £52-£58, cif.
Buchu: Spot £2.50 kg; shipment no offers.

Camphor: Powder, no offers.
Cardamoms: (per lb cif) Alleppy greens No. 1 £1.20; prime seeds £1.15.

Cascara: Spot and shipment nominal.
Cassia: Ligna, broken £1.225 metric ton, cif.
Cherry bark: Spot £460 metric ton; £440, cif.
Chillies: Solomon Isles Tabasco £500 ton, cif.

Cinnamon bark: Seychelles £430 ton, cif.
Cinnamon quills: four O's £0.25 lb; quillings £0.19 lb, cif.

Cloves: (cif) Madagascar £11,620 ton; Ceylon £1,750; Zanzibar £1,780.

Cocillana: Spot £700 metric ton.

Cochineal: Tenerife black-brilliant £9.00, cif.

Peruvian silver grey: £8.00 spot; £7.50 cif.

Colocynth pulp: Spot £720 metric ton.

Dandelion: Root £680 metric ton spot; £650, cif.

Gentian: Root £620 metric ton spot; £590, cif.

Ginger: (ton) Cochín £300 cif. Nigerian split £355, cif, peeled £340, Jamaican No. 3 £870; Sierra Leone £460, cif.

Gums: Acacia nominal. Karaya No. 2 faq £23 cwt. Tragacanth nominal.

Henbane: Niger £1,500 metric ton, cif.

Honey: (per ton in 6-cwt drums ex-warehouse) Australian light amber £525, medium £513, Canadian £590. Prices approximate.

Hydrastis: Spot £4.10 lb; £4, cif.

Ipecacuanha: Costa Rican £1.70 lb spot; £1.65; cif.

Jalap: Mexican tubers £1,550 metric ton cif nominal. Brazilian £340 nominal.

Kola nuts: W. African £110; metric ton £90, cif.

Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.

Lemon peel: Spot £630 metric ton; £610, cif.

Liquorice root: (metric ton) Chinese spot nominal; £100, cif. (Nov.-Dec.) Russian no offers.

Lobelia: New crop offers awaited.

Lycopodium: Indian £4.75 kg; Canadian £5.10 kg.

Mace: Grenada No. 2, £1,904 long ton, cif.

Menthol: Brazilian £8.50 kg all positions. Chinese £10.00 spot and cif.

Nutmeg: Grenada 80's £1,120 ton, fob.

Nux vomica: £120 metric ton landed; £95, cif.

Pepper: (ton, cif) Sarawak black £520 (Nov.-Dec.); white £855 (Sept.-Oct.).

Pimento: Jamaican £830 long ton, cif, nominal.

Podophyllum: Emodi (metric ton) £375; £360 new crop Sept.-Oct., cif.

Quillaia: £1,050 metric ton nominal; no cif offers.

Rhubarb: From £0.30 to £1.50 lb.

Saffron: Mancha superior £83 kg.

Sarsaparilla: Spot £1.16 kg, £1.10, cif.

Seeds: (ton) Anise China star £175 duty paid; shipment £135, cif. Caraway: Dutch £1,500 metric ton, cif. Celery: Indian £295, cif. Coriander: Moroccan £105, cif. Cummin: Indian £540, cif.

Syrian £500, cif. Dill: Indian, for shipment £195, cif. Fennel: Chinese £300 metric ton, cif. Indian £310 cif. Fenugreek: Moroccan £160, cif. Mustard: £60, £180 spot.

Senega: Canadian £4.85 kg spot; £4.80, cif.

Senna: (per kg) Alexandrian h/p pods from £1.54 spot; manufacturing nominal. Tinnevely h/p pods £0.60-£0.65; faq pods £0.40-£0.45; leaves faq £0.26.

Squill: White spot £340 metric ton nominal.

Syrax: £2.15 lb spot; £2.10 cif.

Tonquin beans: Spot £870 metric ton.

Turmeric: Madras finger £310 spot; £300, ton, cif.

Valerian: (metric ton) Indian £350 spot, £320, cif; Continental £400, cif.

Waxes: Bees nominal Candelilla £570 ton spot; £545, cif. Carnauba prime yellow, spot £725; £675, cif; fatty grey £420; £415, cif.

Witchhazel leaves: Spot £1.40 kg; £1.35 cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax.

Coming events

Tuesday, October 2

West Middlesex Branch, Pharmaceutical Society, Park Hotel, Greenford Avenue, Hanwell W7. Inaugural meeting and social evening.

Wednesday, October 3

Federation of South Eastern Pharmacists, Black Lion, Patcham, Brighton, at 7 pm. Annual dinner. Speaker, Mr J. F. Jack.

Hammersmith Health Education Service and The Medical Council on Alcoholism, Fulham Old Town Hall, Fulham Broadway, London SW6. One day symposium "Social drinking — it all depends on the point of view".

Bolton Branch, Pharmaceutical Society, Pack Horse Hotel, Bolton. Annual business dinner. Dr J. M. H. Rees MSc on "The abuse of drugs".

Thursday, October 4

Thames Valley Pharmacists Association, Winthrop House, Surbiton, at 8 pm. Mr W. Crinson on "Looking at paintings".

Royal Society of Health, Cumberland Hotel, Marble Arch, W1 at 12 noon. Mr S. Howard CBE, AMCT on "Television and radio advertising of medicines — why it is controlled and how".

Huddersfield Branch, Pharmaceutical Society, Spotted Cow Hotel, New Hey Road, Salendine Nook, Huddersfield, at 8 pm. Talk by Mr A. Howells, a member of Council.

Brighton and Hove Branch, Pharmaceutical Society, Main Hall, Brighton Polytechnic, at 8 pm. Film evening.



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The CIECH-POLFA Division of CIECH Importer and Exporter of Chemicals Ltd. exports a wide variety of pharmaceutical fine chemicals manufactured by the Polfa Pharmaceutical Industry. The range includes:

Erythromycin

Erthromycin Estolate and Stearate

Acetyl-Salicylic Acid

Sulphaquinoxaline /BVetC/

Prednisolone

Triamcinolone

Prednisone Acetate

Digoxin

Lanatoside C /digitalis extract/ and other preparations according to pharmacopoeial standards. We export also a selection of POLFA medicaments, sera and vaccines, as well as an extensive range of veterinary medicines.

The sole exporter:

**CIECH-Import and Export of Chemicals Ltd.,
Pharmaceutical Products Division
"CIECH-POLFA"
P.O. Box 271, 00-950 Warszawa, POLAND**

Detailed information is available from our agents:

**ANGLO-DAL LTD., Chesterfield House, Bloomsbury
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Telex: 23825 Cables: ANGLODAL London

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